

Alaska Incident Business Management Handbook — 2004

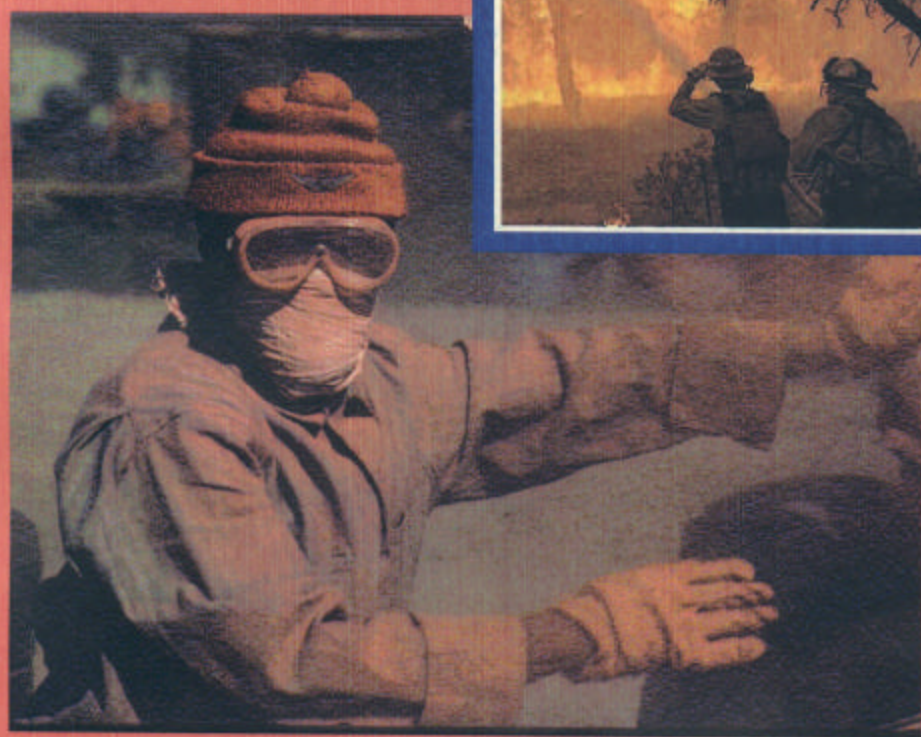


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EMERGENCY FIREFIGHTER HIRING

Emergency Firefighters (EFF) must be 18 years of age to be eligible for employment. Individuals can receive crew training at age 16 or older.

The Division of Forestry (DOF) employs three categories of Emergency Firefighters (EFF) in its wildland fire program:

- Type II EFF crews
- Type I EFF crew
- Non-crew EFF

Type II EFF crews are hired and managed under the guidelines set forth in the Emergency Firefighter Type II Crew Management Guide. Type I EFF crews are hired and managed under the guidelines outlined in the DOF Type I EFF Crew Management Guide. Each agency pays its own crews per the Designated Interagency Crew list on pages 23 & 24.

Felony and Misdemeanor Convictions

Any hiring supervisor or manager who has knowledge of an applicant's misdemeanor conviction within the preceding five years, or a felony conviction regardless of the date it occurred (2 AAC.07.065) must not make any offer of employment until DNR Human Resources has confirmed whether the applicant is a qualified candidate for the position.

Warehouse Positions and Access to Firearms

- All EFF being considered for work in the warehouse need to submit an *EFF Application* annually.
- All incumbents of positions in the warehouse need to **annually** submit the *Qualification Inquiry – Firearm Possession* form. See pages 29 & 30

Note: Firearms Inquiry Forms should be accompanied by the definition of “misdemeanor crime of domestic violence”, Select Portions of Title 18 United States Code – page 31.

Hours of Work

EFF are hired as temporary emergency workers in response to hazardous wildfire situations. The State does not guarantee the length of employment, working schedules, or number of hours per day. EFF crews are guaranteed to receive eight hours per day except for the first and last day of an assignment, mandatory day off, or when given advance notice before being terminated. Non-crew EFF have no similar guarantees.

Timesheets and Pay - See Incident Payroll, Chapter 2.

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EFF Application Procedures

On the Internet go to www.dnr.state.ak.us/forestry/employ.htm for general information about the EFF program and to obtain an Emergency Firefighter information packet and application.

Note: Federal Military personnel can be hired by the State as EFF, but they cannot be sent to a federal fire or be hired by a Federal Agency (such as AFS). The State cannot hire regular (active duty) Alaska National Guard employees.

Alaska Job Center

Different Alaska Job Center Offices throughout the state offer varying levels of assistance. DOF is responsible for coordinating with local Job Center offices to develop procedures for referring and recruiting applicants during fire season.

Area or Regional offices can hire from applications provided by Job Center, even during working hours. EFF hires must be made through Alaska Job Center whenever possible.

Experienced EFF workers, recommended for rehire with acceptable performance ratings, may be requested from Alaska Job Center by name or contacted directly if necessary because of fire operational needs.

Telephone inquiries should be referred to the nearest Alaska Job Center Office.

If Job Center applications (they should be using our application) aren't available, regular job orders can be placed by phone for EFF levels 1 through 4, but minimum job qualifications and titles must be given to Alaska Job Center in order for them to provide your office with qualified applicants.

Alaska Job Center needs to be notified when a referral is hired.

Alternate Hiring Procedures

Applications will be available at each DOF office and Alaska Job Center. Nothing in this procedure prohibits hiring of additional workers when Alaska Job Center is unavailable such as weekends, holidays, or after hours. DOF offices may accept applications to have applicants on file for emergency hire in addition to those provided by Alaska Job Center. Prospective applicants, walk-ins, and phone contacts will be advised to apply for employment at the nearest Alaska Job Center. Any contacts or attempted contacts should be documented on either the DOF application or an Area/Regional in-house contact log of EFF applicants.

Any applications on file at DOF offices that were not used for the fire season, along with the applications for appointed EFF, will be sent to the appropriate Administrative Clerk

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and kept in a secure place for a period of two years. The Regional office will do the same with theirs.

All DOF offices will use a standardized employment application (BLM or DNR Emergency Firefighter or Incident Support, see page 5).

Requesting a Non-Crew EFF

All EFF hires will be initiated and documented on a Resource Order.

Requests for EFF must be made from the List of Approved EFF Classifications (page 6) on a General Message Form to the State Logistics Center or Area Dispatch Office for processing with the following information:

- EFF classification and position requested (e.g., EFF-2 Clerk Typist)
- Requirements for job (e.g., Driver-current driver's license)
- If requested by name as a rehire
- Expected start date and beginning time
- Any other special instructions

Logistics or Area Dispatch will generate a Resource Order and fill the request.

Classification of EFF

Work Classifications

Anyone not fully qualified are considered trainees and will be paid one level lower than a fully qualified individual.

Local hiring authorities are authorized to equate jobs not shown in the classifications with the jobs listed in the four levels and to hire individuals at the appropriate level.

Local hiring authorities are also authorized to reduce by one grade level that work or comparable work listed in the classification to maintain grade alignment when the worker lacks experience or is not red-carded. The grade level may not be raised for specific jobs above that are shown in the classification.

- EFF-1: Tasks required of workers in this classification involve working as a member of a crew in the suppression of forest fires, using hand tools such as shovels, rakes, pulaskis, backpack pumps, and axes; or performing simple kitchen, camp helper, laborer, or office duties. Workers usually require direct supervision.
- EFF-2: Tasks required of workers in this classification involve (1) working alone or as a member of a crew in the suppression of wildland fires by the skilled use of hand and/or power tools, including light power tools such as trenchers, portable pumps, and chainsaws (infrequent use for cutting down logs, small trees, and so forth),

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through experience gained in previous similar types of employment (including organized mobile firefighting crews); (2) performing work as a time recorder, teletypist, materials handler, tool sharpener, light truck or vehicle operator (to 10,000 GVW); (3) supervising a small group of workers (approximately 5-7) of the next lower level. (Also an untrained or inexperienced helper could begin at the next lower level and be placed in this full working level with experience after 7 shifts.)

- **EFF-3:** Tasks required of workers in this classification involve performing work such as or comparable to (1) fire support clerk, expeditor, materials handler leader, maintenance mechanic, dispatch recorder, radio operator, truck driver (10,000 to 25,000 GVW), or commissary manager; or (2) performing fire prevention duties when the worker was hired to temporarily replace a regular worker; or (3) supervisor of a small group of workers (approximately 5-7) of the next lower level or a large group of the next two lower levels.
- **EFF-4:** Tasks required of workers in this classification involve performance of specialized work, or supervision of lower-level workers in the suppression of wildland fires. This is work including or comparable to (1) automotive and/or heavy equipment mechanic, cook (approximately 40 people), accounting technician, motor vehicle operator (25,000 GVW or more), and heavy equipment operator or (2) the supervisor of a small group of workers (approximately 5-7 of the next lower level or a large group of workers [20-25] workers such as crew boss over approximately 20-25) of the next two lower levels.
- **EFF-5:** Workers in this classification are those whose experience qualifies them to supervise or direct an operation, or to render a special service that exceeds the scope of the EFF-4. The Regional Fire Management Officer (FMO) or his designee must approve any rate EFF-5B or above. The Fire Operations Forester must pre-approve any negotiated EFF-5 hire.

Wage Classification

Applicants will be hired and paid at the appropriate EFF classification according to the current EFF List of Approved Classifications (page 6). If the work assignment changes, the worker's classification and pay will be appropriately changed depending upon the assignment. Any changes in assignment that cause a rate change must be documented on the crew time report. Trainees are hired at one pay rate below qualified hires.

At no time will an EFF, regardless of length of service, be paid at a higher rate than the assigned work requires.

The State Fire Operations Forester or his designee must approve any negotiated EFF 5 BEFORE hiring.

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BLM or DNR Emergency Firefighter or Incident Support Worker

Note to Applicant: You are applying for emergency work with BLM or DNR. If hired you must comply with the provisions of the 1986 Immigration Control Act and you are expected to possess and show documentation supporting your legal right to work in the Unit

PERSONAL INFORMATION: Print Name and Address below. List all contact telephone numbers.

Last Name:	First Name:	MI:	Phone #:
Mailing Address:			Message or Pager #:
City:	State:	Zip:	Social Security Number (optional)

SCREENING QUESTIONS: Answer the following questions YES or NO by circling the appropriate response.

1. Are you currently a State of Alaska employee?	YES	NO	7. Are you a Veteran of the Armed Forces of the United States?	YES	NO
2. Are you related to any current State of Alaska, Division of Forestry employee?	YES	NO	8. Are you an active duty member of the Armed Forces of the United States?	YES	NO
3. Have you ever been convicted of a felony?	YES	NO	9. Are you available for field assignment for up to 21 days?	YES	NO
4. Have you been convicted of a misdemeanor within the past five years?	YES	NO	10. Do you have a valid Alaska Drivers' License?	YES	NO
5. Are you at least 18 years of age?	YES	NO	11. Do you have a current Commercial Drivers' License? If YES, list endorsements_____	YES	NO
6. Do you have a current Interagency Qualification Card (Red Card)?*	YES	NO			

JOB INTERESTS: What kind of work are you available for? Pick three, number them in order of preference (1, 2, 3) in box on the right.

Administrative/Office		Dispatcher/Teletype Operator		Motor Vehicle Operator	
Aircraft Fueller		Firefighter * (Must have Red Card)		Radio Operator	
Barracks Worker		Food Service Worker		Ramp Specialist	
Carpenter		Forklift Operator		Timekeeper	
Clerk/Typist		Laborer		Warehouse Worker	
Cook		Maintenance Mechanic		Other (list)	

EXPERIENCE AND TRAINING: Describe job experience, training and fire classes which qualify you for the jobs you listed above.

Job Experience/Training	Supervisor/Telephone Contact	Dates Worked (MO/YR)
1.		
2.		
3.		

By my signature below, I certify that the above information is true and complete to the best of my knowledge. I understand that if I deliberately conceal or enter false information on this form, that my name may be removed from eligibility or that I may be removed from my job; that the information in this application may be released in an investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I understand that an official DMV print-out of my driving record may be required if I am offered a job. I agree that BLM, the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information. I understand this application is not an offer or guarantee of hiring or employment.

APPLICANT SIGNATURE _____ **DATE** _____

***** Agency Use Below *****

DNR RED CARD, SAFETY TRAINING AND FITNESS TESTING INFORMATION:	Has Applicant ever had a Red Card? YES NO	Tested by:	Issued by:	Date:
	Fireline Safety Refresher? YES NO	Given by:	Location:	Date:
	Fitness Level Required:	"Pack Test" Time:	1.5 Mile Run Time:	Date:

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2004 LIST OF APPROVED EFF CLASSIFICATIONS

Title	Mnemonic	Rate	Title	Mnemonic	Rate
Accounting Tech		EFF-4	Incident Communication Mar*	INCM	EFF-4
Agency Representative*	AREP	EFF-5	Initial Attack Dispatcher *	IADP	EFF-5A
Air Tactical Group Subv*	ATGS	EFF-5	Information Officer Type I*	IOF1	EFF-5
Air Base Radio Operator*	ABRO	EFF-4	Information Officer Type II*	IOF2	EFF-5A
Airtanker Base Manager*	ATBM	EFF-4	Information Officer Type III*	IOF3	EFF-4
Base Camp Manager*	BCMG	EFF-4	Interagency Resource Rep*	IARR	EFF-5
Camp Help Crew Member***	CAMP	EFF-1	Laborer***		EFF-1
Camp Help Squad Boss***	CAMP	EFF-2	Loadmaster***	LOAD	EFF-4
Camp Help Crew Boss***	CAMP	EFF-3	Maintenance Mechanic***		EFF-3
Carpenter***		EFF-4	Maintenance Worker***		EFF-2
Clerk Typist***		EFF-2	Mixmaster*	MXMS	EFF-3
Commissary Manager*	CMSY	EFF-3	Materials Handler *	WHHR	EFF-2
Cook***	COOK	EFF-4	Materials Handler Leader *	WHLR	EFF-3
Cook Helper***		EFF-2	Operations Branch Director*	OPBD	EFF-5B
Crew Representative*	CREP	EFF-5A	Ordering Manager*	ORDM	EFF-4
Detection Specialist***		EFF-3	Paramedic*	EMTP	EFF-5B
Dispatch Recorder*	EDRC	EFF-3	Personnel Time Recorder*	PTRC	EFF-2
Dispatch Coordinator*	CORD	EFF-5	Pilot* or Pilot***	PILO	EFF-5
Disposal Processor*	DPRO	EFF-3	Prevention Technician *	PREV	EFF-3
Division/Group Supervisor*	DIVS	EFF-5B	Radio Avionics Tech. *	RAVT	EFF-5B
EFF Payroll Clerk***		EFF-3	Radio Operator*	RADO	EFF-3
EMT 1*** or EMTB*		EFF-3	Ramp Manager*	RAMP	EFF-4
EMT 2***		EFF-4	Receiving & Dist. Manager*	RCDM	EFF-3
EMT 3*** or EMTI		EFF-5A	Receptionist***		EFF-2
Engine Boss* or Engine Boss**	ENGB	EFF-4	Retardant Worker***		EFF-2
Engine Operator* or Engine Operator**	ENOP	EFF-4	Safety Officer Type 1*	SOF1	EFF-5
Equipment Manager*	EQPM	EFF-4	Safety Officer Type II*	SOF2	EFF-5A
Equipment Time Recorder*	EQTR	EFF-2	Safety Officer Type III*	SOF3	EFF-4
Expeditor***		EFF-3	Security Manager*	SEM2	EFF-4
Faller A - Up to 12" DBH*	FALA	EFF-3	Staging Area Manager*	STAM	EFF-5B
Faller B - Up to 24" DBH*	FALB	EFF-4	Status Check-In Recorder*	SCKN	EFF-2
Faller C - Equal or up to 36" DBH*	FALC	EFF-5	Strike Team Leader-All Types*		EFF-5A
Field Observer*	FOBS	EFF-4	Supervisor Dispatcher*	EDSP	EFF-5B
Firefighter Type 1*	FFT1	EFF-3	Support Dispatcher*	EDSD	EFF-5A
Firefighter Type 2*	FFT2	EFF-2	Swamper		EFF-2
Fire Behavior Analyst*	FBAN	EFF-5	Task Force Leader*	TFLD	EFF-5A
Fire Clerk***		EFF-1	Unit Leaders*		EFF-5A
Fire Investigator*	FINV	EFF-5	Veh. Oper. <10,000 GVW***		EFF-2
Fire Support Clerk***		EFF-3	Veh. Oper. 10-25,000 GVW***		EFF-3
Fixed Wing Base Manager*	FWBM	EFF-4	Veh. Oper. >25,000 GVW***		EFF-4
Fixed Wing Parking Tender*	FWPT	EFF-3	Veh./Equip. Mechanic***		EFF-4
Food Service Worker***		EFF-1	Warehouse Crew Leader ***		EFF-4
Fork Lift Operator***		EFF-2	Warehouse Worker***		EFF-2
Fueler***		EFF-2			
Fuel Specialist***		EFF-3	Crew Member* Type 2	FFT2	EFF-2
Helicopter Manager*	HEMG	EFF-4	Squad Boss* Type 2	FFT1	EFF-3
Helispot Manager*	HESM	EFF-2	Crew Boss* Type 2	CRWB	EFF-4
Helibase Manager Type 2*	HEB2	EFF-5A			
Helibase Manager Type 1*	HEB1	EFF-5B	Crew Member Type 1*** <2 seasons		EFF-2
Helicopter Crew Member*	HECM	EFF-3	Crew Member Type 1***		EFF-3
Incident Commander Type 1* or 2*	ICT1 or 2	EFF-5	Squad Boss Type 1***		EFF-4
Incident Commander Type 4*	ICT4	EFF-4	Asst. Crew Superintendent Type 1***		EFF-5A
Incident Commander Type 3*	ICT3	EFF-5A	Crew Superintendent Type 1***		EFF-5B

* Must meet ICS requirements and possess a valid Red Card. Trainees are hired at one pay rate below qualified hires.

** Must be dispatched as part of a Structure Fire Department (SFD) unit of apparatus.

*** Alaska positions. local hire. not normally sent to the Lower-48 states.

	EFF-1	\$11.54
AD-1	EFF-2	\$13.16
AD-2	EFF-3	\$14.46
AD-3	EFF-4	\$16.20
AD-4	EFF-5A	\$17.20
AD-5	EFF-5B	\$18.80
NTE	EFF-5	\$27.74

**BEFORE HIRING, THE STATE FIRE OPERATIONS FORESTER OR ACTING MUST APPROVE ANY
NEGOTIATED EFF 5 BEFORE HIRE.**

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2004 ALASKA DIVISION OF FORESTRY EFF POSITION AND RATES MATRIX

PAY RATE	COMMAND	OPERATIONS	PLANS	LOGISTICS	FINANCE
EFF-1 \$11.54				Camp Help Crew Member*** Food Service Worker*** Laborer***	Fire Clerk***
EFF-2 \$13.16		Helispot Mgr*	Status Check-In Recorder *	Barracks Worker*** Camp Help Squad Boss*** Cook Helper*** Fork Lift Operator*** Fueller*** Maintenance Worker*** Materials Handler* Radio Operator (T) Retardant Worker*** Vehicle Operator*** (<10,000 GVW) Warehouse Worker***	Clerk Typist*** Commissary Tech*** Equipment Time Recorder * Personnel Time Recorder * Receptionist***
EFF-3 \$14.46		Fixed Wing Parking Tender* Helicopter Crew Member * Faller A*	Detection Specialist*** Display Processor* Prevention Tech*	Barracks Work Leader*** Camp Help Crew Boss*** Dispatch Recorder * EMT 1*** or EMT Basic* Expeditor*** Fuel Specialist*** Maintenance Mechanic*** Materials Handler Leader* Mixmaster* Radio Operator* Receiving & Dist. Manager* Vehicle Operator*** (10,000 to 25,000 GVW)	Commissary Manager* EFF Payroll Clerk*** Fire Support Clerk***
EFF-4 \$16.20	IC Type 4* Info. Officer Type 3* Safety Officer Type 3*	Air Base Radio Operator* Air Tanker Base Mgr* Engine Operator Fixed Wing Base Manager* Helicopter Manager * Ramp Manager* Bosses * - Dozer - Engine - Felling - Firing - Crew Faller B*	Field Observer *	Carpenter*** Cook*** EMT 2*** Incident Communications Mgr* Loadmaster*** Incident Communications Mgr* Other Managers * Specialists * Vehicle/Equipment Mechanic*** Vehicle Operator*** (>25,000 GVW) Warehouse Crew Leader***	Accounting Tech Other Managers * Specialists *
EFF-5A \$17.20	IC Type 3* Info. Officer Type 2* Safety Officer Type 2*	Crew Representative* Task Force Leader* Helibase Manager Type 2* Strike Team Leader-All* Faller C*	Unit Leaders *	EMT 3*** or EMT Intermediate* Initial Attack Dispatcher* Support Dispatcher * Unit Leaders *	Unit Leaders *
EFF-5B \$18.80		Division/Group Supervisor * Helibase Manager Type 1* Ops Branch Director* Staging Area Manager*		Supervisory Dispatcher* EMT Paramedic*	
THE STATE FIRE OPERATIONS FORESTER OR HIS ACTING MUST PRE-APPROVE ANY NEGOTIATED EFF-5 HIRE.					
EFF-5 NEGOTIATED RATE NOT TO EXCEED \$27.74 ***IFBMH	AREP* IARR* Info. Officer Type 1* Safety Officer Type 1* IC Type 1 or 2*	Air Tactical Group Supervisor * Pilot Section Chief-Type 1 or 2 *	Fire Investigator* Fire Behavior Analyst * Section Chief-Type 1 or 2 *	Section Chief-Type 1 or 2 * Dispatch Coordinator *	Section Chief-Type 1 or 2 *

* Must meet ICS requirements and possess a valid Red Card. Trainees are hired at one pay rate below qualified hires.

**Must be dispatched as part of a Structure Fire Department (SFD) unit of apparatus.

*** Alaska positions, local hire, not normally sent to the Lower 48 states.

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EFF Hiring Paperwork

FORM

Conditions of Hire for Emergency Firefighters
Blood-borne Pathogens
Personnel Action – Emergency Firefighter
I-9 (Employment Eligibility Verification)
Designation of Beneficiary*
W-4
Nepotism Waiver

OF-288 (Emergency Firefighter Time Report)

FREQUENCY

Once per season (maintain at hiring office)
Once per season (hand out)
Once per season.
Once, with re-certification annually
Once per season unless changes occur
Once a year
Only if non-crew EFF is related to a regular DNR employee
This is kept current for entire time the individual is under hire

* If primary and contingent beneficiary are listed, **each** must total 100%.

Nepotism

If a non-crew EFF is related to a DNR employee, then the following procedure is required:

- 1. BEFORE offering the position, get verbal approval from the Area Forester or Regional Duty Officer.**
2. Fill out Nepotism Waiver form.
3. Area Forester or Regional Duty Officer signs the form.
4. Immediately fax or carry the form to the Regional administrative office. Original is routed by hand or mail to Regional administrative office.
5. Regional administrative office gives form to Regional Forester for approval, which must be signed within three days of hire.
6. If approved, the Administrative Assistant or Regional Forester will notify Area.
7. If denied, the Regional Administrative Assistant will notify Area to terminate EFF immediately.

Picture ID: Individuals must have a picture ID issued by a state or federal government entity in their possession at the time of hire and for the duration of the assignment.

Red Card: Individuals must possess a current Interagency Red Card if one is required for the position being hired. Check the Red Card for currency, an approved signature, and appropriate fitness and work qualifications.

Inability to Perform Duties: If it appears that because of illness, injury, or disorientation, an EFF's ability to do their job may be compromised, the hiring office dispatch coordinator should be notified immediately.

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Crew Hiring

The following forms are needed in addition to those listed previously when hiring a crew:

- Passenger and Cargo Manifest (SOA form 10-3183, page 26).
- Make sure each individual is wearing serviceable 8" leather boots.
- Crew time report book given to Crew Boss or Crew Representative.
- OF-288's with headers completed and time started are given to Crew Boss or Crew Representative.

Additional Notes on Crew Hiring

If there are less than 16 people in the crew, notify dispatch and determine if the crew will still be needed.

Begin the crew's time from when they were ordered to standby at the airstrip or pickup point regardless of when transportation actually arrives to pick them up. The Crew Boss, or occasionally a Squad Boss, may have additional time on the Crew Time Report because of extra duties associated with crew management.

Match up SSN's on the EFF time report and all other hiring paperwork. The hiring official is responsible for the hiring forms reaching the Administrative Unit in the hiring Area. The Crew Boss or Crew Representative is responsible for getting the time reports, CTR book, and Passenger and Cargo Manifest to the incident Finance Section, or when applicable, to the Area Office.

Distribution of Hiring Paperwork

Route the original hiring paperwork to the Regional office immediately after making a copy for the Area Office. Do not wait until the end of a pay period.

AFS Hiring Paperwork:

Alaska Fire Service
P.O. Box 35005
Fort Wainwright, Alaska 99703-0005
Attention: Financial Services
Phone - 907-356-5781 or 907-356-5780

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

State Hiring Paperwork: Review and forward to appropriate Region.

Coastal Region
Division of Forestry
101 Airport Road
Palmer, AK 99645
Phone - 907-761-6205

Northern Region
Division of Forestry
3700 Airport Way
Fairbanks, AK 99709
Phone - 907-451-2665

Region Offices will audit hiring packets and maintain copies for the Region.
Regions will forward original hiring paperwork to:

Technical Services
Resource Group
P.O. Box 110201
Juneau, Alaska 99811-0201
Mail Stop #02P11

Termination of Assignment or Employment Due to Documentation Insufficiencies

Termination of employment for non-crew EFF will occur for:

- Failure to obtain approval of a nepotism waiver
- Failure to submit a nepotism waiver within 3 days of hire

Termination of employment for any EFF will occur for:

- Failure to submit ID/documents for I-9 verification within 3 days of hire
- Just cause

ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid compensation in the event of your death. It can also be used to change those names at any time. Your wishes may not be carried out as intended, if the form is not completed correctly.

You are responsible for this form being received in your Human Resources Technical Service Group or Agency. You may also forward this form to Dept. of Administration, Division of Finance, Payroll Section, PO Box 110204, Juneau, AK 99811-0204.

Employee Name Argali Caprinae Department Forestry
Employee SSN 200-00-0002 Date of Birth 4/1/1945

☒ INITIAL AUTHORIZATION

☐ CHANGE

PRIMARY BENEFICIARY (IES)		CONTINGENT BENEFICIARY (IES)	
Name <u>Geist, Valerius</u>		Name <u>Hurley, Kevin</u>	
Address <u>Box 1573</u>		Address <u>2754 Ammon Karelini Dr.</u>	
City, State, & Zip Code <u>Thermopolis, CO 79654</u>		City, State, & Zip Code <u>Dodge, WY 65723</u>	
Relationship <u>Uncle</u>	Percentage <u>50%</u>	Relationship <u>Friend</u>	Percentage <u>65%</u>
DOB if Minor		DOB if Minor	
Name <u>Geist, Jenny</u>		Name <u>Lee, Ray</u>	
Address <u>Box 1573</u>		Address <u>Box 17</u>	
City, State, & Zip Code <u>Thermopolis, CO 79654</u>		City, State, & Zip Code <u>Code, WY 65718</u>	
Relationship <u>Aunt</u>	Percentage <u>50%</u>	Relationship <u>Friend</u>	Percentage <u>35%</u>
DOB if Minor		DOB if Minor	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
TOTAL PRIMARY PERCENTAGE % MUST EQUAL	100%	TOTAL CONTINGENT PERCENTAGE % MUST EQUAL	100%

Employee Signature Argali Caprinae Date 5/27/04 Witness Sharon D. Gordon Date 5/27/04

INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary had died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Human Resource Technical Service Group (TSG) or Agency, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, PO Box 110204, Juneau, AK 99811-0204.

FORM DBUNCP

Rev. 3/2004

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent A _____</p> <p>B Enter "1" if: {</p> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. <p>_____ B _____</p> <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____</p> <p>F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____</p> <p>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p>G Child Tax Credit (including additional child tax credit):</p> <ul style="list-style-type: none"> • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. <p>_____ G _____</p> <p>H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. H _____</p> <p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	<p>_____ A _____</p> <p>_____ B _____</p> <p>_____ C _____</p> <p>_____ D _____</p> <p>_____ E _____</p> <p>_____ F _____</p> <p>_____ G _____</p> <p>_____ H _____</p>
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Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		OMB No. 1545-0010 2004
1 Type or print your first name and middle initial Argali Z.		Last name Caprinae		2 Your social security number 200:00:0002
Home address (number and street or rural route) Box 27		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code Fanning, AK 99777		4 If your last name differs from that shown on your social security card, check the re.Y ousc all 1-800-772-1213 for an ewc ard. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 0
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7 0
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) ▶ Argali Caprinae		Date ▶ 5/27/04		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2004)

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

SSN: (1) <u>200-00-0002</u>	(2) New Hire <input checked="" type="checkbox"/> Yes [] No [] Change of Address
Name: (4) <u>Argali Caprinal</u>	(3) Are you a State Employee? [] Yes <input checked="" type="checkbox"/> No
Date of Birth: (6) <u>4/1/45</u>	(5) Are you related to a DNR State Employee? [] Yes <input checked="" type="checkbox"/> No
Home Phone: (7) <u>450-2662</u>	[] Married <input checked="" type="checkbox"/> Single (8)
Address for Paycheck: (9) <u>Box 27</u> <u>Fanning, Ak 99777</u>	Same address for W-2? <input checked="" type="checkbox"/> Yes [] No If "No" please fill in: (10)
RACE/ETHNIC ORIGIN/SEX DATA	
Check where appropriate:	
Male	Female
White (T) _____	(H) _____
Black (O) _____	(C) _____
Hispanic (S) _____	(E) _____
Asian or Pacific Islander (L) _____	(B) _____
American Indian (K) <input checked="" type="checkbox"/> _____	(A) _____
Alaska Native (P) _____	(D) _____
(11)	
CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT	
I have read, or had read to me, and understand the documents noted in items I and II listed below:	
I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and	
II. State of Alaska brochure entitled "Protecting Employee from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus; and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.	
(12) <u>Argali Caprinal</u> Signature of EFF Employee	(13) <u>5/27/xx</u> Date
(14) <u>Gordon</u> Signature of Witness (Hiring Person)	(15) <u>5/27/xx</u> Date
TO BE COMPLETED BY HIRING PERSONNEL:	
EFF Hire Date: (16) <u>5/27/xx</u>	
Job Title: (17) <u>Field Observer</u>	
Crew (Collo) Code: (18) <u>10317131</u>	
Crew Name: (19) <u>N-A</u>	
3 Letter Designator: (20) <u>FAT</u>	(3-letter code, Anchorage is ANC)
EFF Type - Check One:	Pay Rate - Check One:
Crew Member _____ (21)	EFF 1 _____ (\$11.54)
Squad Boss _____	EFF 2 _____ (\$13.16)
Crew Boss _____	EFF 3 _____ (\$14.46)
Other <input checked="" type="checkbox"/> (23)	EFF 4 <input checked="" type="checkbox"/> (\$16.20)
	EFF 5a _____ (\$17.20)
	EFF 5b _____ (\$18.80) (24)
	EFF 5 _____ (Fill in negotiated rate - not to exceed \$27.74)
Human Resources Staff - Input By: _____	

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER

1. SSN: Make sure it matches on all paperwork.
2. Always mark “New Hire” the first time the EFF Personnel Action (PA) is done each season.
3. Are you a State Employee.
4. Name: Make sure you include Jr., Sr., or other designation.
5. For non-crew EFF only: if answer to this question is “yes”, a Nepotism Waiver must be done before hiring.
6. Date of Birth: Verify 18 or over to work for the State of Alaska as EFF.
7. Home Phone: Village phone, cell phone, or contact phone may be used.
8. Marital status.
9. Where the paycheck should be mailed.
10. If not the same as paycheck, must provide address where W-2 should be sent.
11. Race/Ethnic Origin/Sex Data: (OPTIONAL) This is used for statistical data only.
12. Employee Signature: Employee signs here to acknowledge Conditions of Hire for Emergency Firefighters and the brochure “Protecting Employees From: Hepatitis A Virus, Hepatitis B Virus and Human Immunodeficiency Virus” have been read and understood.
13. Date.
14. Witness or Hiring Person: Must be signed.
15. Date.
16. Date of Hire.
17. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Regional Admin and approved by the Regional FMO.
18. Crew Code: Each hiring location is assigned a collocation code, see pages 23 & 24.
19. Crew Name: See the Designated Interagency EFF Crew list on pages 23 & 24 of this chapter. Leave blank for non-crew.
20. 3 Letter Designator: Where crew/single resource is based, use 3-letter designator.
21. EFF Type: Check only one.
22. EFF Pay Rate: Must match EFF type and qualifications.
23. Other: Check when hiring non-crew EFF.
24. EFF 5: Any negotiated EFF-5 must be approved by the State Fire Operations Forester.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <u>Caprinae</u>	First <u>Argali</u>	Middle Initial <u>Z</u>	Maiden Name
Address (Street Name and Number) <u>Box 27</u>		Apt. #	Date of Birth (month/day/year) <u>4/1/45</u>
City <u>Fannin Ak</u>	State <u>99777</u>	Zip Code	Social Security # <u>200-00-0002</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A _____)

☐ An alien authorized to work until _____ (Alien # or Admission # _____)

Employee's Signature Argali Caprinae Date (month/day/year) 5/27/XX

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest under penalty of perjury that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____ gen
Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		<u>AK DL</u>		<u>SS Card</u>
Issuing authority: _____		<u>SOA</u>		<u>US Gov't</u>
Document #: _____		<u>0451332</u>		<u>200-00-0002</u>
Expiration Date (if any): ____/____/____		<u>4/1/16</u>		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to related to the employee named, that the employee began employment on (month/day/year) 5/27/XX and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>K. Gordon</u>	Print Name <u>Karen Gordon</u>	Title <u>Admin. Asst.</u>
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) <u>5/27/XX</u>

State of Alaska Division of Forestry 3700 Airport Way Fairbanks, Alaska 99709

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date (month/day/year) (if applicable)	
C. If employee's previous grant or work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

Form I-9 (Rev. 11-21-91) N

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

*

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

* Tribal Documentation Identification letter and card issued by Alaska Native Corporation.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT
ALASKA FIRE SERVICE

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY

**CONDITIONS OF HIRE
FOR
EMERGENCY FIREFIGHTERS**

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions at all times is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory. The U.S. Government requires a SSN for U.S. citizens or an ITIN for non-U.S. citizens. You will be ineligible for employment with the State if you fail to provide your SSN. The SSN is the primary reference for the gathering of earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The hiring agency alone has direct access to this information. SSN use is necessary because another individual may have a name identical to yours. Always provide **YOUR FULL LEGAL NAME** on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. Tribal or village/regional corporation ID card is not acceptable for travel purposes. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Office-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. The U.S. Government will provide you the opportunity to complete a W-5, Earned Income Credit Advance Payment Certificate (EIC). EIC reduces the amount of tax you will owe, if you are eligible.
11. When you sign your time report, you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
12. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the sign-up form) or Treasury check mailed to your address of record.
13. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes," or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
14. When you are hired for incident assignment, whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in-Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook, and the Emergency Firefighter Crew Management Guide.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

15. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish your meals and lodging without cost. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when the Government is temporarily unable to furnish meals or lodging.
16. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged for cause, quit without a good reason, or deviate your travel.
17. The cost of anything you buy from the commissary will be deducted from your check. The Officer-in-Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45 pound weight limitation.
18. Designated Government property (such as hard hats, tools, sleeping bags, tents, nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost of them may be deducted from your check.
19. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
20. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
21. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
22. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobe, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine whether or not the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing, and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)

I have read, or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Blood-borne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read, or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

<hr/> EFF'S PRINTED NAME	<hr/> EFF'S SIGNATURE	<hr/> SOCIAL SECURITY NUMBER
<hr/> HIRING OFFICIAL'S PRINTED NAME	<hr/> HIRING OFFICIAL'S SIGNATURE	<hr/> DATE

AK-300-1346-16 (4/04)

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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Division of Forestry/Bureau of Land Management employees and volunteers perform a variety of tasks (such as handling refuse, coming in contact with blood on work surfaces, or giving first aid) that may expose them to potentially infectious materials. Exposure to Human Immunodeficiency Virus and Hepatitis A or B can be minimized if precautions are taken by the employee and the employer.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) is transmitted through sexual contact, contact with human blood or other body fluids, or contact with contaminated needles/syringes. HIV is the disease that can lead to AIDS.

HEPATITIS A VIRUS (HAV) is transmitted through contact with an infected person's feces or indirect fecal contamination of food, water supply, or raw shellfish. It has been known to be transmitted through urine, semen, and tears. Hands and utensils may carry sufficient amounts of the virus to enter the mouth to cause infection. The Interior or Bush communities in Alaska commonly experience outbreaks. Onset may occur in the fall, but is most common in the winter throughout the United States.

Protection for employees who may be occupationally exposed to Hepatitis A through exposure to human feces shall include: safe work practices, personal protective equipment, employee awareness, and Hepatitis A vaccination based on current job assignment.

HEPATITIS B VIRUS (HBV) is transmitted to a person through sexual contact, blood transfusions, or contact with human blood, contaminated needles or body fluids (such as joint and lung fluids), or from mother-to-child during the third trimester or at birth.

Protection for employees who may be occupationally exposed to Hepatitis B and HIV through exposure to potentially infectious materials shall include: training, safe work practices, personal protective equipment, Hepatitis B vaccinations, housekeeping (laundry, cleanup of blood or body fluids), medical surveillance



STATE OF ALASKA

PROTECTING EMPLOYEES FROM:

**HEPATITIS A VIRUS
HEPATITIS B VIRUS
AND
HUMAN
IMMUNODEFICIENCY
VIRUS**

Rev. 4/00

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

SAFE WORK PRACTICES

1. Administering First Aid/CPR

- * Always protect yourself through the use of a barrier kit (gloves, goggles, and one-way mouthpiece). Crewbosses and overhead personnel should always carry these when in the field.
- * Use disposable equipment and devices only once, then dispose properly.
- * Disinfect reusable equipment after each use.

2. Potential Exposure to Hepatitis A via Human Feces.

- * Always use personal protective equipment.
- * Always wash your hands thoroughly after removing gloves.
- * Disinfect any contaminated hand tools or equipment.

3. Handling / Disposal of Hypodermic Needles/Syringes.

- * Do not pick up these items by hand. Always use a litter grabber, pliers, or tongs to avoid direct contact. Pick up away from point.
- * Always wear proper gloves as an added precaution, even when using a litter grabber, pliers, etc.
- * Treat all medical instruments (needles/syringes) as medical waste and label as a biohazard.
- * Never use hands or feet to crush garbage. Do not hold garbage bags against legs or torso for any reason.

4. Handling Used Condoms and Feminine Hygiene Products

- * Do not pick up by hand; always use a litter grabber or tongs, etc.
- * Always use appropriate gloves as an added precaution, even when using pickup devices.

5. Camp Life

- * Avoid sharing utensils, bottles and cups with others.
- * Always wash hands prior to entering any Fresh Food boxes or cooking areas.
- * Use chlorinated lime to cover latrines. Make wash basins available in camp areas and latrine sites.

HEPATITIS B VACCINATIONS

The Occupational Safety and Health Administration requires employers to offer Hepatitis B vaccinations to employees who may be occupationally exposed to potentially infectious materials. The vaccinations come in the form of three vaccinations: an initial, a second after 30 days, and the final one six months after the initial vaccination.

If you receive an exposure to Bloodborne Pathogens, the DOF/BLM-Alaska will offer the vaccinations at no cost to employee or volunteers through an appointed medical facility. The vaccinations protect personnel from Hepatitis B, the most serious form of hepatitis.

Symptoms of Hepatitis B include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and sometimes diarrhea. Should you choose to decline the vaccination, you will be asked to sign a "Hepatitis B Vaccine Refusal Form" for the records. Should you decide at a later date that vaccination is in your best interest, DOF/BLM will provide the vaccination.

WHAT-TO-DO IF YOU ARE EXPOSED (ON THE JOB) TO HUMAN BLOOD OR BODY FLUIDS:

- * **IMMEDIATELY** report the exposure to your supervisor.
- * Medical evaluation and follow-up will be provided at no cost to you.
- * Medical evaluation, with your consent, will include a blood test to determine infectiousness.
- * Medical findings and evaluation are confidential.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Instructions for Emergency Firefighter Time Report (OF-288)

Block 1: Identification Number: Enter the person's Resource order number in or above the Block 1. (C-# for Crew Personnel, O-# for Overhead Personnel).

Block 2: SSN: Make sure this number matches all other (hiring) paperwork.

Block 3: Initial Employment: Mark "yes" if this is the first time they have worked for DOF this season.

Block 4: Type of Employment: EFF are "Other" employees. Place job title here (e.g. FFT2 or HECM)

Block 5: Transferred From: Leave blank.

Block 6: Point of hire: Town/village where the individual was hired (3-letter designator, e.g. BIG, PAQ, MCG). (The State of Alaska is responsible for returning the employee to the point of hire.)

Blocks 7-9: Not normally filled out at time of hire.

Blocks 10-19: Self-explanatory.

Block 20.1: Enter the State fire number. Do not include the collocation code.

Block 20.2: Enter the fire name. On federal fires enter Incident Order #.

Block 20.3: Leave blank.

Block 20.4 and 20.5: Enter the nearest town/village.

Block 20.6 and 20.7: Enter the EFF classification and pay rate from list on page 6.

Block 20.8a: Enter year. Two digits are sufficient.

Block 20.8b-f: All EFF time reports are done in military time.

See Payroll Chapter 2 for recording time and closing out the OF-288.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	3-LETTER CODE	COLLOCATION CODE FOR DOF CREWS	ADMIN OFFICE	AGENCY	# OF CREWS
Allakaket/Alatna	AET		TAD	AFS	2
Ambler	ABL		GAD	AFS	1
Aniak	ANI	10317032	SWS	DOF	1
Beaver	WBQ		UYD	AFS	1
Buckland	7K5		GAD	AFS	1
Chalkyitsik	CIK		UYD	AFS	1
Chevak	VAK	10317034	SWS	DOF	2
Copper River	GKN	10317037	CRS	DOF	2
Delta	BIG	10317038	DAS	DOF	2
Eagle	EAA		UYD	AFS	2
Fairbanks	FAI	10317131	FAS	DOF	2
Ft. Yukon	FYU		UYD	AFS	3
Galena	GAL		GAD	AFS	1
Grayling	KGX		GAD	AFS	1
Holy Cross	4Z4		GAD	AFS	1
Hooper Bay	HPB	10317136	SWS	DOF	3
Hughes	HUS		TAD	AFS	1
Huslia	HSL		GAD	AFS	2
Kalskag, Lower	KLK	10317139	SWS	DOF	1
Kalskag, Upper	KLK	10317337	SWS	DOF	1
Kiana	IAN		GAD	AFS	2
Kaltag	KAL		GAD	AFS	2
Kenai	ENA	10317138	KKS	DOF	1
Koyuk	KKA		GAD	AFS	1
Koyukuk	KYU		GAD	AFS	1
Marshall	MLL		GAD	AFS	1
Mentasta	MEN	10317231	TAS	DOF	1
Minto	51Z		TAD	AFS	1
Mt. Village	MOU		GAD	AFS	1
Nenana	ENN	10317232	FAS	DOF	1
New Stuyahok	KNW	10317431	SWS	DOF	1
Nikolai	5NI	10317233	SWS	DOF	1
Nondalton	5NN	10317234	SWS	DOF	1
Noorvik	ORV		GAD	AFS	2
Northway	ORT	10317236	TAS	DOF	2

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

DESIGNATED INTERAGENCY EFF CREW LIST (CONTINUED)

<u>LOCATION</u>	<u>3-LETTER CODE</u>	<u>COLLOCATION CODE FOR DOF CREWS</u>	<u>ADMIN OFFICE</u>	<u>AGENCY</u>	<u># OF CREWS</u>
Nulato	NUL	10317237	GAD	AFS	2
Palmer(Mat-Su)	PAQ		MSS	DOF	1
Pilot Station	PST		GAD	AFS	1
Rampart	RMP	10317430	TAD	AFS	1
Ruby	RBY		GAD	AFS	1
Scammon Bay	SCM		SWS	DOF	1
Selawik	WLK	10317239	GAD	AFS	2
Shageluk	SHX		SWS	DOF	1
Shungnak	SHG		GAD	AFS	1
Sleetmute	SLQ	10317330	SWS	DOF	1
St. Marys	KSM		GAD	AFS	1
St. Michael	SMK		GAD	AFS	1
Stebbins	WBB	10317332	GAD	AFS	2
Stevens Village	SVS		UYD	AFS	1
Tanacross	TSG		TAS	DOF	1
Tanana	TAL	10317436	TAD	AFS	2
Tazlina Type 1	GKN		NRS	DOF	1
Tetlin	5TE		TAS	DOF	1
Tok	6K8	10317334	TAS	DOF	1
Venetie	VEE		UYD	AFS	1

AFS Areas:

GAD - Galena Zone, Galena
TAD - Tanana Zone, Tanana
UYD - Upper Yukon Zone, Fairbanks

DOF Areas:

SWS - Southwest Area, McGrath
MSS - Mat-Su Area, Palmer
CRS - Valdez-Copper River Area, Glennallen
TAS - Tok Area, Tok
DAS - Delta Area, Delta
FAS - Fairbanks Area, Fairbanks
KKS - Kenai-Kodiak Area, Soldotna

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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NON-DESIGNATED INTERAGENCY LIST

<u>LOCATION</u>	<u>3-LETTER CODE</u>	<u>COLLOCATION CODE FOR DOF CREWS</u>	<u>ADMIN OFFICE</u>	<u>AGENCY</u>
Anchor Point	ENA	10317031	KKS	DOF
Anchorage	ANC	10317030	MSS	DOF
Arctic Villiage	ARC		UYD	AFS
Bethel	BET	10317432	SWS	DOF
Clam Gulch	ENA	10317036	KKS	DOF
Crooked Creek	CJX	10317434	SWS	DOF
Dillingham	DLG	10317435	SWS	DOF
Eagle River	ANC	10317130	MSS	DOF
Gakona/Gulkana	GKN	10317132	CRS	DOF
Glennallen	GKN	10317133	CRS	DOF
Haines/Juneau	JNU	10317134		DOF
Homer	HOM	10317135	KKS	DOF
Kotlik	2A9		GAD	AFS
McGrath	MCG	10317230	SWS	DOF
Seward	SWD	10317238	KKS	DOF
Slana	GKN	10317235	TAS	DOF
Soldotna	ENA	10317437	KKS	DOF
Sterling	SNA	10317331	KKS	DOF
Stony River	SRV	10317433	SWS	DOF
Tyonek	TLK	10317335	SWS	DOF
Unalakleet	UNK	10317336	SWS	DOF
Valdez	VDZ	10317338	CRS	DOF
Other EFF, both Regions		10317035		DOF

ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA (1) Hooper Bay #1

DIVISION of FORESTRY		PASSENGER and CARGO MANIFEST					
ORDERING UNIT OR ORDER NUMBER (2) AK-CRS-042		INCIDENT NAME (3) Glenn Fire			INCIDENT NUMBER (4) 73X14042		
NAME OF CARRIER (5) Hagelund		VEHICLE # AND TYPE (6) N732A			VEHICLE OPERATOR or AIRCRAFT PILOT NAME (7) Joe Pilot		
CHIEF OF PARTY (8) Boss Mann		REPORT TO (9)			IF DELAYED, CONTACT (10) CRS		
DEPARTURE		INTERMEDIATE STOPS				DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE	
(11) HPB			(12) MCG			(13) GKN	
PASSENGER AND OR CARGO NAME		M	F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASGMT. IF APPLICABLE	HOME UNIT
1. (14) Boss Mann CB	X		(15) (16)	(17) (18)	(19)	(20)	
2. Joe Friday SB	X		165	40			
3. Henry Lake SB	X		160	43			
4. William Iverson SB	X		170	40			
5. Joe Crew CM	X		185	42			
6. Sandra Smith CM	X		125	42			
7. Candy Clark CM	X		130	40			
8. CM							
9. CM							
10. CM							
11. CM							
12. CM							
13. CM							
14. CM							
15. CM							
16. CM							
17. Cindy Lands CREP	X						
18.							
19.							
20.							
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE (21) Sally Mae House						DATE 05/01/0X	

10-3138 (3/87) Distribution: White - Retain in Book Yellow - Chief of Party Pink - Check in Recorder/Mail Goldenrod - Pilot or Driver

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

INSTRUCTIONS FOR PASSENGER AND CARGO MANIFEST

Prepare a Passenger and Cargo Manifest (SOA form 10-3183, page 26) if personnel are to be transported away from the point of hire. Press firmly through all four layers.

Regardless of the mode of transportation for the crew, a manifest should be prepared. This document serves as an excellent tracking tool, and it provides for expedience in the event that transportation plans change.

1. Crew Name if applicable in the upper right hand corner.
2. Ordering unit or order number: Resource order number
3. Incident Name: Name of incident.
4. Incident Number: 8-digit state fire number
5. Name of Carrier: Use air transportation carriers name or ground transportation name (i.e.: Laidlaw, Evergreen).
6. Vehicle # and Type: Use tail number, license plate number, or equipment number.
7. Name of vehicle operator or aircraft pilot.
8. Chief of Party: Crew Boss or Crew Representative's name.
9. Report to: Leave blank.
10. If Delayed contact: Hiring dispatch office.
11. Departure Place: Airport or town party is leaving (use 3 letter designator).
12. Intermediate Stops: Aircraft only, refueling stops.
13. Destination Place: Final destination if possible.
- 14-20. Self-explanatory.
21. Signature of Authorized Representative: Must have a signature.
22. Date: Date when manifest is prepared.
23. Distribution: 4 copies (1 with crew, 1 forwarded to Region or Area office, 1 retained by hiring official, 1 with aircraft pilot or bus driver)

ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

REQUEST FOR NEPOTISM WAIVER

DATE: 05/01/0X

In accordance with Division policy, authority is requested to employ the individual listed below. He/she will not be placed in any situation where a supervisor/subordinate relationship is involved with a spouse or a person who is related by blood or marriage within and including the second degree of kindred.

EFF EMPLOYEE

Jane C. Doe
NAME
Nondalton
LOCATION

Wife
RELATIONSHIP
Personnel Time Recorder
POSITION

REGULAR DNR STATE EMPLOYEE

John M. Doe
NAME
Nondalton
LOCATION

Husband
RELATIONSHIP
NRO 1
TITLE

APPROVALS/DISAPPROVALS

05/01/0X
DATE

☒ APPROVE ☐ DISAPPROVE

Woody Owl
AREA FORESTER/REGION DUTY OFFICER

05/01/0X
DATE

☒ APPROVE ☐ DISAPPROVE

SMOKE E. BEAR
REGIONAL FORESTER

NEPOTISM WAIVERS: Emergency firefighter (EFF) personnel are considered in "exempt service" status per AS 39.25.110. This means they are exempt from personnel laws of the Alaska Statutes that pertain to State employees.

However, the Division of Forestry has determined a nepotism policy concerning EFF personnel is necessary for effective and efficient operations during emergency situations.

Occasionally emergency employment of personnel related to a DNR employee at the same location is necessary to expedite business associated with an emergency.

The policy on nepotism as set forth by the Division regarding employment of EFF personnel is as follows:

1. No person may be employed in an EFF position for the Division of Forestry who is the spouse of, or is related by blood or marriage within and including the second degree of kindred to, their immediate *State supervisor, or supervisor in the chain of command.
2. Prior verbal approval to hire emergency personnel who are related to an employee of the State must be obtained from the Area Forester/Region Duty Officer.
3. An EFF nepotism waiver form (see above) must be filled out and submitted for review and documentation purposes. The waiver will be completed at the time of hire and submitted to the Area Forester or Region Duty Officer or designee for review within three days. This action will not delay the actual hiring after verbal approval has been given.

*State Supervisor is defined as a permanent classified employee of the State.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

STATE OF ALASKA

QUALIFICATION INQUIRY - FIREARM POSSESSION

The position for which you are being considered for appointment, PCN 10 - _____, has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm in the course of your employment. Therefore, you are required to complete this Qualification Inquiry - Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered "not interested" in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting there for may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

Yes _____ No _____

Today's Date: _____

If your answer to this question is "No" you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

QUALIFICATION INQUIRY - FIREARM POSSESSION (CONTINUED)

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

2. If your answer to question number 1 is "Yes", provide the following information with respect to the conviction(s):

Court/Jurisdiction

Docket/Case Number

Statute

Charge

Date Sentenced

.....

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, and under Alaska State law as unsworn falsification (AS 11.56.210). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such a report is grounds for disciplinary action, up to and including dismissal.

Name (Print or type)

Signature

Date

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

**Select Portions of
Title 18 United States Code**

18 U.A.C., Sec. 921 (a) (33) (A)... the term “misdemeanor crime of domestic violence” means an offense that-

- (i) is a misdemeanor under the Federal or State law, and
- (ii) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

(B)(i) A person shall not be considered to have been convicted of such an offense for the purpose of this chapter, unless-

- (I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
- (II) in the case of a prosecution for an offense described in this paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either
 - (aa) the case was tried by a jury, or
 - (bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

- (i) A person shall not be considered to have been convicted of such an offense for the purpose of this chapter if the conviction was expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the applicable jurisdiction provides for the loss of civil rights under such an offense) unless the pardon, expungement, or restoration of civil rights expressly provides that the person may not ship transport, possess, or receive firearms.

18 U.A.C., Sec. 922(d) It shall be unlawful for any person to sell or otherwise dispose of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person –

....

(9) has been convicted in any court of a misdemeanor crime of domestic violence.

18 U.A.C., Sec. 922(g) It shall be unlawful for any person-

....

(9) who has been convicted in any court of a misdemeanor crime of domestic violence, to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

18 U.A.C., Sec. 925(a) (1) The provisions of this chapter, except for sections 922(d)(9) and 922(g)(9) and provisions relating to firearms subject to the prohibitions of section 922(p), shall not apply with respect to the transportation, shipment, receipt, possession, or importation of any firearm or ammunition imported for, sold or shipped to, or issued for the use of, the United States or any department or agency thereof or any State or any department, agency, or political subdivision thereof.

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

SSN: _____	New Hire <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change of Address
Name: _____	Are you a State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: _____	Are you related to a DNR State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____	<input type="checkbox"/> Married <input type="checkbox"/> Single
Address for Paycheck: _____	Same address for W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No" please fill in: _____
_____	_____
_____	_____

RACE/ETHNIC ORIGIN/SEX DATA

Check where appropriate:

	Male	Female
White	(T) _____	(H) _____
Black	(O) _____	(C) _____
Hispanic	(S) _____	(E) _____
Asian or Pacific Islander	(L) _____	(B) _____
American Indian	(K) _____	(A) _____
Alaska Native	(P) _____	(D) _____

CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

I have read, or had read to me, and understand the documents noted in items I and II listed below:

- I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and
- II. State of Alaska brochure entitled "Protecting Employee from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus; and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.

Signature of EFF Employee

Date

Signature of Witness (Hiring Person)

Date

TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: _____

Job Title: _____

Crew (Collo) Code: _____

Crew Name: _____

Location: _____ (3-letter code, Anchorage is ANC)

EFF Type - Check One: Pay Rate - Check One:

Crew Member _____	EFF 1 _____ (\$11.54)
Squad Boss _____	EFF 2 _____ (\$13.16)
Crew Boss _____	EFF 3 _____ (\$14.46)
	EFF 4 _____ (\$16.20)
	EFF 5a _____ (\$17.20)
Other _____	EFF 5b _____ (\$18.80)
	EFF 5 _____ (Fill in negotiated rate - not to exceed \$27.74)

Human Resources Staff - Input By: _____

CONDITIONS OF HIRE
FOR
EMERGENCY FIREFIGHTERS

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions at all times is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory. The U.S. Government requires a SSN for U.S. citizens or an ITIN for non-U.S. citizens. You will be ineligible for employment with the State if you fail to provide your SSN. The SSN is the primary reference for the gathering of earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The hiring agency alone has direct access to this information. SSN use is necessary because another individual may have a name identical to yours. Always provide **YOUR FULL LEGAL NAME** on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. Tribal or village/regional corporation ID card is not acceptable for travel purposes. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Office-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. The U.S. Government will provide you the opportunity to complete a W-5, Earned Income Credit Advance Payment Certificate (EIC). EIC reduces the amount of tax you will owe, if you are eligible.
11. When you sign your time report, you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
12. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the sign-up form) or Treasury check mailed to your address of record.
13. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes," or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
14. When you are hired for incident assignment, whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in-Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook, and the Emergency Firefighter Crew Management Guide.

15. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish your meals and lodging without cost. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when the Government is temporarily unable to furnish meals or lodging.
16. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged for cause, quit without a good reason, or deviate your travel.
17. The cost of anything you buy from the commissary will be deducted from your check. The Officer-in-Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45 pound weight limitation.
18. Designated Government property (such as hard hats, tools, sleeping bags, tents, nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost of them may be deducted from your check.
19. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
20. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
21. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
22. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobe, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine whether or not the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)

I have read, or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Blood-borne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read, or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

EFF'S PRINTED NAME

EFF'S SIGNATURE

SOCIAL SECURITY NUMBER

HIRING OFFICIAL'S PRINTED NAME

HIRING OFFICIAL'S SIGNATURE

DATE

STATE OF ALASKA

QUALIFICATION INQUIRY - FIREARM POSSESSION

The position for which you are being considered for appointment, PCN 10-, has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm in the course of your employment. Therefore, you are required to complete this Qualification Inquiry - Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered "not interested" in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C. , Sec. 921(a)(33)(A)?

Yes_____ No_____

Today's Date:_____

If your answer to this question is "No" you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

Qualification Inquiry - Firearm Possession

2. If your answer to question number 1 is "Yes", provide the following information with respect to the conviction(s):

Court/Jurisdiction

Docket/Case Number

Statute

Charge

Date Sentenced

.....

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, and under Alaska State law as unsworn falsification (AS 11.56.210). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such a report is grounds for disciplinary action, up to and including dismissal.

Name (Print or type)

Signature

Date

STATE OF ALASKA

DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid compensation in the event of your death. It can also be used to change those names at any time. Your wishes may not be carried out as intended, if the form is not completed correctly.

You are responsible for this form being received in your Human Resources Technical Service Group or Agency. You may also forward this form to Dept. of Administration, Division of Finance, Payroll Section. PO Box 110204, Juneau, AK 99811-0204.

Employee Name _____ **Department** _____

Employee SSN _____ **Date of Birth** _____

☐ **INITIAL AUTHORIZATION**

☐ **CHANGE**

PRIMARY BENEFICIARY (IES)		CONTINGENT BENEFICIARY (IES)	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
Name		Name	
Address		Address	
City, State, & Zip Code		City, State, & Zip Code	
Relationship	Percentage	Relationship	Percentage
DOB if Minor		DOB if Minor	
TOTAL PRIMARY PERCENTAGE % MUST EQUAL		TOTAL CONTINGENT PERCENTAGE % MUST EQUAL	
100%		100%	
Employee Signature		Date	Witness
			Date

INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary had died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary

Return this completed form to your Human Resource Technical Service Group (TSG) or Agency, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, PO Box 110204, Juneau, AK 99811-0204.
FORM DBUNCP Rev. 3/2004

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes,** for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.

To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A_____ <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification.

To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification.

To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551 stamp or</i> attached <i>INS Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>INS Form I-197</i>)
6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)
7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)
8. Unexpired Reentry Permit (<i>INS Form I-327</i>)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in **Part 8 of the Handbook for Employers (M-274)**

Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See **Pub. 505**, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919**, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use **Pub. 919** to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See **Pub. 919**, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B	_____
• You are single and have only one job; or	}						
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.							
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____				
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____				
(Note: Do not include child support payments. See Pub. 503 , Child and Dependent Care Expenses, for details.)							
G	Child Tax Credit (including additional child tax credit): • If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. • If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.	G	_____				
H	Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. ►	H	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.							
• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.							

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0010	
Department of the Treasury Internal Revenue Service		► Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.		2004	
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
Employee's signature (Form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.

- 1 Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over \$142,700 (\$71,350 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$9,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,150 \text{ if head of household} \\ \$4,850 \text{ if single} \\ \$4,850 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from **Worksheet 7** in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2004 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet (See **Two earners/two jobs** on page 1.)

Note: Use this worksheet **only** if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly			Married Filing Jointly			All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	31,001 - 38,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		38,001 - 44,000	7	6,001 - 11,000	1
	8,001 - 17,000	2		44,001 - 50,000	8	11,001 - 18,000	2
	17,001 and over	3		50,001 - 55,000	9	18,001 - 25,000	3
\$40,001 and over	\$0 - \$4,000	0		55,001 - 65,000	10	25,001 - 31,000	4
	4,001 - 8,000	1		65,001 - 75,000	11	31,001 - 44,000	5
	8,001 - 15,000	2		75,001 - 85,000	12	44,001 - 55,000	6
	15,001 - 22,000	3		85,001 - 100,000	13	55,001 - 70,000	7
	22,001 - 25,000	4		100,001 - 115,000	14	70,001 - 80,000	8
	25,001 - 31,000	5		115,001 and over	15	80,001 - 100,000	9
						100,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$470	\$0 - \$30,000	\$470
60,001 - 110,000	780	30,001 - 70,000	780
110,001 - 150,000	870	70,001 - 140,000	870
150,001 - 270,000	1,020	140,001 - 320,000	1,020
270,001 and over	1,090	320,001 and over	1,090

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties.** Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send Form W-4 to this address. Instead, give it to your employer.



Attach leave slips here

**DEPARTMENT OF NATURAL RESOURCES
LABOR, TRADES & CRAFTS
TIME AND ATTENDANCE REPORT**

Collector/Phone _____
Batch # _____
RD Code _____

[illegible]

Hazard on reverse ____ (Check here)

Commissary Deduction: _____

I certify that all time and charges reported are accurate and all overtime hours were pre-approved.

Employee Signature: _____ Date: _____

Approving Authority Signature: _____ Date: _____

Comments: _____

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INCIDENT PAYROLL

Fire time is kept on Form OF-288, Emergency Firefighter Time Report. For regular state employees the OF-288 is the mandatory backup for out-of-Area fire time and must accompany the regular state timesheet to Juneau. With the exception of the SU and GGU contractual half-hour meal break, all time should match between the two forms. See the examples on pages 13 and 14 for how to fill out an OF-288.

Regular Fire Time (RFT) - Section Chiefs in the Central Office should not charge regular duty hours to an incident unless they are on a Resource Order assigned to an incident. Recording fire time is then mandatory.

All other DOF personnel should record RFT in accordance with incidents supported. Never charge annual leave, sick leave, or holiday time against a fire collocation code or ledger code. They are properly charged only to the code of record.

Hiring Employees of Other State Departments

In emergency situations, employees of Departments other than Natural Resources may be hired to fill needed positions, but if this occurs, DNR's Regional offices will create an RSA with the affected Department for processing of payroll. The RSA should also include the ledger code for the incident so the costs can accrue directly to the incident rather than to the general suppression collocation code. Having said that, occasionally an RSA will need to be done before an incident ledger code is available or assigned. If this occurs, the costs will be charged to the ledger code during the RSA execute process. If you have questions contact the Regional Admin.

For DNR employees other than the Division of Forestry who assist with an incident, an RSA must be done for their regular time only, not for overtime.

Pay Administration

Workweek

For overtime purposes, the workweek begins Monday morning at 12:01 AM (0001) and ends Sunday night at 12:00 midnight (2400), unless the workweek is otherwise defined by union agreement. Overtime will be paid according to applicable bargaining unit rules for regular state employees. Crew EFF are guaranteed 8 hours per day except first and last day and any mandatory day off. Non-crew EFF have no similar guarantees.

Length of Commitment

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- Instate Assignments - Normal length of commitment from initial dispatch will be 14 days, excluding travel. This commitment may be extended in 7-day increments if **PRE-APPROVED**

by the individual and the individual's home unit supervisor. Primary members of the Type I or Type II overhead teams will continue to meet the 21 day commitment.

- Lower 48 Assignments - Normal length of commitment for an outside assignment will be 14 days, excluding travel, and cannot be extended without **PRE-APPROVAL** of the home unit supervisor.

Overtime Eligibility

Most State employees are eligible for overtime in accordance with FLSA and Bargaining Unit Contracts. Any fire time in excess of:

- 19 hours during first 24-hour period of an incident with 5 hours rest before the next operational period.
- 16 hours before containment with 8 hours rest before the next operational period shall have written justification for excess hours from the Incident Commander or designee or the appropriate Duty Officer if the employee is working in a base (Central Office/Region/Area) support job. Such justification will be retained in the final fire package and a copy sent with the employee's timesheet to the regular duty station where it will be forwarded to Payroll. Pay status begins upon report to the dispatch center or embarkation point such as an airport. Time in transit to a fire is considered work time and starts when a person reports to logistics, a similar office or the airport. Time spent in preparation for going on an assignment is not compensable.

Federal or Lower 48 Fires

The following items must be verified on the OF-288 upon return from an incident:

- Time and commissary deductions are accurately posted
- All columns are signed off by a timekeeper except a column representing travel home
- Timesheet has been signed by employee
- For GGU and SU employees only, have a comment in block 24 noting whether or not any time was recorded for allowable additional ½ hour meal periods not taken per GGU and SU contract (See page 8, under General Government and Supervisory Unit)

See example on page 13 of an outside or non-DOF OF-288, and page 14 shows an example of an in-state DOF fire.

Compensable Time

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The State does not pay for time spent “preparing” to leave. Compensable time at the airport prior to departure is based on the carrier’s requirements, up to two hours. Time spent traveling from the lodging site to the work site is not compensable, e.g., from a hotel to a dispatch center. Time spent traveling from a “pick up point” to the work site is compensable, e.g., from fire camp to a drop point by bus.

Overtime Calculation

- Emergency Firefighters (EFF) – Employees who regularly work a 40 hour workweek shall receive overtime for hours worked in excess of 40 hours of work per week at the rate of one-half (1½) times the appropriate rate of pay. R&R hours DO NOT apply to meeting the 40-hour threshold for overtime calculation purposes.
- General Government Unit (GGU) - Overtime eligible members who regularly work a 37.5 hour workweek shall receive overtime for hours worked in excess of 37.5 hours of work per week at the rate of one-half (1½) times the appropriate rate of pay. R&R hours and leave hours DO NOT apply to meeting the 37.5-hour threshold for overtime calculation purposes.
- Supervisory Unit (SU) - All work performed by overtime eligible members of the bargaining unit in excess of forty (40) hours worked in a workweek is considered overtime and shall be paid at the rate of one and one-half (1½) times the appropriate regular or shift rate of pay. R&R hours, leave hours, and holiday hours worked DO NOT apply to meeting the hours worked threshold for overtime calculation purposes. For holiday information see union contract and personnel rules. All work performed in excess of 37.5 hours but less than 40 hours in pay status per week is paid at the appropriate regular or shift rate of pay.
- Public Employees Local 71 (LTC) - The employee shall be paid overtime for all work in excess of eight (8) hours in any one day and forty (40) hours in any one week. R&R hours, leave hours, and holiday hours worked DO NOT apply to meeting the overtime threshold for overtime calculation purposes.

For all work performed on the employee’s first scheduled day off, one and one half (1 ½) times the basic rate of pay will be paid. For all work performed on the employee’s second scheduled day off, two (2) times the basic rate of pay will be paid, provided the employee has worked a standard workweek of five consecutive days followed by two days off and the employee worked on the employee’s first scheduled day off. See LTC contract for details.

Seasonal Overtime Conversion

The box labeled GGU Seasonal Overtime Conversion on the DNR Time and Attendance Report is used for all valid Seasonal Overtime Conversion recipients. This box should be checked if you are opting to have your overtime converted once you have been put on seasonal leave. If you do not check the box, your overtime will be appropriately paid out in the pay period in which it was earned. Note: Even if you opted at

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the beginning of the year for Seasonal Overtime Conversion on your hiring paperwork, it is still required for you to mark your timesheet each pay period.

Fatigue Management

Please see Jeff Jahnke's memo dated May 22, 2002 on Fatigue Management on page 19 and 20. A 24-hour period constitutes a day of rest rather than a calendar day. Employees should identify the date(s) and time(s) of the applicable 24-hour period in the comment section of their timesheet.

Incident Resource Order Compensation (IROC) and Wildland Fire Letter of Agreements

See Regional Administrative Assistant for details.

Shift Differential

EFF do not get shift differential.

LTC employees who start their shift between 1100 and 1959 hours, and GGU & SU employees who start their shift between 1200 and 1959 hours receive swing shift pay for the entire shift (3.75% of base hourly rate). All bargaining units receive graveyard shift pay (7.5% of base hourly rate) for entire shift when the shift starts between 2000 and 0559 hours.

To ensure proper payment of shift differentials, note in the comment line at the bottom of the state timesheet that employee was assigned to a swing/graveyard shift. Also record the appropriate hours in the far right column on the State timesheet. See page 15 for an example. When a bargaining unit member who is eligible to receive overtime works a shift that qualifies for shift differential pay, the employer shall compute overtime on the basis of the following formula:

$$(\text{Base rate} + \text{shift differential}) \times 1\frac{1}{2}$$

Recall

EFF do not get recall pay.

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General Government Unit, Supervisory Unit, and Public Employees Local 71 bargaining unit members eligible for overtime who are called back to work within four (4) hours after the completion of the member's shift, shall be paid at the appropriate overtime rate for actual hours worked. On the timesheet note the actual hours worked, rather than "4". If they are recalled later than four (4) hours after completion of his/her regular shift, the bargaining unit member shall be entitled to a minimum of four (4) hours pay at the appropriate overtime rate. Provided that total callback hours worked exceed four (4), the bargaining unit member shall receive pay at the appropriate overtime rate for all such hours worked. A solicitation requesting information or availability for assignment does not result in call back unless the employee is required to immediately report to work. Under the GGU contract, there are four situations for which recall is specifically excluded. They are:

- If the additional work assignments have been scheduled prior to the bargaining unit member's leaving the work site at the end of the shift;
- If the employee who is contacted to return to work is on standby when contacted to return to work;
- If the employee has volunteered to be called for overtime during a specified pay period;
- If the employee is not required to report to a workstation or other location in order to perform the work.

If you are recalled, please note your recall time on the comments line on your timesheet with the time you were recalled and the number of hours you worked. Note in comments block when the previous shift ended. Do not assume you will be automatically paid for 4 hours. Payroll will make the determination according to the applicable bargaining unit contract.

Please note the attached memo (page 18) regarding LTC employees who are called back to work immediately prior to the start of their regularly scheduled shift.

R&R

R&R is utilized to give personnel proper rest so they are able to perform their jobs safely. R&R days are authorized paid days off.

Allowable Use

- for personnel held on assignment out-of-state when R&R is authorized by IC or Agency Administrator
- for personnel held over between authorized assignments out-of-state and R&R is authorized in writing by IC

Recording R&R

State Employees:

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7.5 hours regular time on state timesheet and OF-288, including days clearly marked as “R&R” on both records. Include OF-288 and required incident documentation as backup. (Note: R&R does not count toward 37.5 hours workweek threshold).

EFF:

8.0 hours regular time on OF-288, clearly marked as R&R. R&R does not count toward 40.0 hours workweek threshold for the purpose of calculating overtime. Include required incident documentation as backup.

Holidays

EFF do not get holiday pay.

All hours worked on a holiday shall be considered as overtime hours for overtime eligible members. Worked hours shall apply toward hours worked for OT calculation purposes. Please note 7.5 hours under holiday on timesheet to code of record and actual hours worked on a separate line under overtime. Make notation of the fire number. Depending on where in the week the holiday falls, some hours may end up being paid at straight time. Check with the Area or Regional Admin for more information.

- Public Employees Local 71 - A designated holiday will normally be observed on the calendar day on which it falls, except that if a holiday falls on the employee’s first regularly-scheduled day off, it will be observed on the preceding day. If the holiday falls on the employee’s second regularly scheduled day off, it will be observed on the following day.
- Supervisory Unit - A designated holiday will normally be observed on the calendar day on which it falls, except bargaining unit members who are regularly scheduled to work on Monday through Friday will observe the preceding Friday when the holiday falls on Saturday, and will observe the following Monday when the holiday falls on a Sunday. **SU employees only** may choose to float any designated holiday as long as it **is authorized in advance** and requested on the proper form. Full time employees who work a designated floating holiday shall be credited with 7.5 hours of personal leave.
- General Government Unit- A designated holiday will normally be observed on the calendar day on which it falls, except bargaining unit members who are regularly scheduled to work on Monday through Friday will observe the preceding Friday when the holiday falls on Saturday, and will observe the following Monday when the holiday falls on a Sunday. All hours worked on a holiday shall be paid at the holiday premium rate of time and one-half (1.5) the appropriate payrate, in addition to seven-and-one-half (7.5) hours straight time holiday pay. Hours that an employee works and for which he/she is compensated at the holiday premium rate shall be considered hours worked for purposes of computing overtime eligibility under Article 22.02. Hours worked on a holiday shall be credited only once in the calculation of hours in the workweek. Exclusive of Holiday Pay provided for by 24.01, no single hour worked at any time in a work period will be paid at greater than time and one-half.

Standby

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EFF do not get standby pay.

- Public Employees Local 71 - An LTC employee placed on-call for a calendar day or a portion thereof, shall be paid one (1) straight-time hour at the employee's base hourly rate.
- General Government Unit, Supervisory Unit - For GGU/SU an amount equal to ten (10) percent of seven and one-half (7.5) times the employee's hourly base salary will be paid to an employee who is assigned to a standby roster for each calendar day or portion of a calendar day. Compensation shall include geographic and shift pay as appropriate. Seven and a half (7.5) hours are shown in the Standby column for each day on Standby regardless of number of hours on standby.

Open Camp vs. Closed Camp

Most fires in Alaska are open camp, which means that personnel when off-duty are allowed to leave camp. No standby time is allowed. Closed camps are to be announced or posted in writing by the Incident Commander (IC). Under closed camp situations, personnel are allowed standby time.

Individuals Ordered on Standby in Open Camps

In rare instances, individuals may be required to be on standby, for example, helitack crews may be off-duty but required to stay in camp to be available for dispatch. Under these situations, the supervisor is to notify the individual in writing of their standby status. This notification must accompany the OF-288 back to the employee's duty station.

Regular Standby Status

Individuals may be on standby for an Overhead Team, Duty Officer rotation, particular fires, or high fire danger. If the individual is on standby for a particular fire, standby should be listed for that date on the same line as the regular fire time and fire overtime being coded to the fire. In the other aforementioned cases, the standby code shall be used and coded on a separate line of the timesheet. See the Suppression Component Coding chapter for an appropriate code.

Hazard Pay

EFF do not get Hazard pay.

The back of the DNR Time and Attendance Report is used to record Hazard time for all bargaining unit members.

- Enter Name, SSN, and pay period, to correspond with the front of the DNR Time and Attendance Report.
- Date: Enter date of hazardous duty. More than one line may be necessary for a given date.

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- UP & DOWN: Enter time hazardous work begins and ends for each occurrence. Use military time.
- Enter the appropriate eight digit Collocation Code (10310130) and eight digit ledger code (the fire # starting with 73).

All bargaining unit members who are required to work under dangerous conditions shall receive hazard pay of seven and one-half per cent (7½ %) in four (4) hour increments so worked.

Bargaining unit shall define dangerous conditions as follows:

Public Employees Local 71 - Working at heights more than twenty-five (25) feet above the ground on towers, bridgework, or antenna; handling explosives so designated by the employer; transportation by helicopter.

General Government Unit, Supervisory Unit - Dangerous conditions shall be defined as working at heights more than twenty-five (25) feet above the ground on towers, bridgework or antenna; handling explosives so designated by the employer; transportation by and working under a helicopter; working from low-altitude, light fixed-wing aircraft (except pilots); and underwater diving.

Meal Periods

Personnel assigned to a fire camp or fire line are provided meals at incident expense. These are normally standard rations, such as MRE's, with a fresh food supplement every third day on extended fires. Meal breaks will be scheduled based on shift schedules.

Personnel assigned to fire support activities at their established duty stations are responsible for providing their own meals. Personnel assigned to a support base away from their normal duty station (home administrative unit), are entitled to subsistence. The Area/Regional Forester may authorize written exceptions because of extremely high fire activity.

General Government and Supervisory Unit contracts require an unpaid meal break at mid-point of a shift. If the employee is kept working continuously for two hours or more before or after the normal shift, a second ½ hour meal break is paid at the appropriate overtime rate.

Employees entitled to the additional ½ hour unpaid meal period, and who do not receive the meal break, must have the time recorder clearly state on block 24 of the OF-288 time sheet "additional ½ hour meal period not recorded." This is then used to construct the normal state timesheet with the additional ½ hour shown on the state timesheet.

The LTC contract requires an unpaid meal break approximately mid-point of each shift. If the shift exceeds the scheduled 12 hours, the employee may request a second unpaid meal period (½ hour) after 8 hours of work.

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All employees are required to take a ½ hour unpaid meal break mid-shift or one every six hours of work (lunch or dinner), unless working on the fire line on an uncontrolled fire.

If an individual cannot be relieved for either meal break, they are entitled to compensation at the appropriate rate.

Shift Recording for Regular State Employees

Submit a state timesheet to the employee's designated home unit for supervisor's signature accompanied by the OF-288 as backup for auditing. The supervisor is responsible for verifying that codes and hours are accurate. The timesheet collector will review timesheet for basic accuracy and all backup documentation such as R&R approval, OF-288.

Closing Out Time Reports (OF-288's)

If feasible or practical, time reports can be closed out on the 15th and end of each month. Time closeout is mandatory on June 30th due to the end of the fiscal year.

Signing Off EFF Crews/Single EFF Resources

There are five possible scenarios when dealing with demobing crews. They are:

- Crew/Single Resource goes to another fire and timesheet is closed out
- Crew/Single Resource goes to another fire and timesheet goes with them
- Crew/Single Resource is sent home and timesheets are sent with them
- Crew/Single Resource is going home and time is projected
- Crew/Single Resource is going home and time is called back in

Crew/Single Resource Goes to Another Fire

It is preferable to close out the time at the first incident and start new OF-288's because the timesheet associated with the first incident stays in that incident's final fire package. Some Finance Sections would rather not take the time to start new timesheets, but where possible and practical, it is the preferred choice. Time on the previous incident ends when travel to the new incident begins.

Timesheet is Closed Out - Before signing off the timesheets, see the checklist on page 11 to ensure all factors concerning the timesheet have been completed. Send timesheets to the appropriate Area or Regional office for processing as listed on page 12.

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Timesheet Goes With the Crew/Single Resource - When a crew or single resource is moving to another incident, the checklist on page 11 should be consulted to ensure all items necessary have been considered before signing off timesheets. The column showing the last hours worked on the first incident should be closed out and signed off by the incident Finance Section. Travel time to the next incident should start at the top of the next column. In the case of a crew, the timesheets should be given either to the Crew Representative (CREP) or the crew boss to be handed over to the Finance Section on the new incident. A single resource will take their timesheet to the next incident.

Crew/Single Resource is Going Home

Timesheet Goes Home With the Crew/Single Resource - This option is only viable if

1. The home unit is aware that the crew will be demobed to the home unit; and
2. There will be someone at the home unit office to sign off the crew once they arrive there.

Before signing off the timesheets, see the checklist on page 11 to ensure all factors concerning the timesheet have been completed. The column showing the last hours worked on the first incident should be closed out and signed off by the incident Finance Section. Travel time to the home unit should start at the top of the next column to be closed out at the home unit. Send original timesheets to the appropriate Regional office for processing as listed on page 12.

Projecting Time for Crew's ETA on the OF-288 - Before signing off the timesheets, see the checklist on page 11 to ensure all factors concerning the timesheet have been completed. Projecting time makes sense when the crew is going back to their home and there is no Forestry employee to sign off their time. It is best not to project anticipated arrival at the hometown until the plane or bus taking the crew home has actually arrived and is only waiting for the crew to load and go. Often the OF-288's end up being altered after the fact because the anticipated arrival time did not reflect the actual arrival time home. It is best to wait and be certain before entering an ending time. Never short the crew time. Allow them plenty of time, usually as determined by dispatch, to get home. Send original timesheets to the appropriate Regional Office for processing as listed on page 12.

Crew Boss Calls In Time After Arrival Home - In cases where the distance to the home town or the potential weather factor on the route will preclude surety of the crew arriving at a particular time. This can be the case often with the crews from southwest Alaska going home. Occasionally, because of weather, the plane either must divert from its intended route or end up spending the night (or longer) in McGrath before continuing on to its destination. If the anticipated time were entered, an already closed column would have to be written over (not preferable), or entirely new timesheets would be done to reflect the additional travel time. Therefore, it is in the best interest of all concerned to have the crew boss call back to their home Area

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

dispatch office the time they arrived home. This is also verified through flight following done by the Area or Regional dispatch or logistics office. The time of arrival is then phoned to the finance unit holding the timesheets for completion. Send timesheets to the appropriate Regional office for processing as listed on page 12.

For field crews on project fires, close out need only occur on June 30th, which is the end of the State fiscal year. Otherwise, OF-288's are normally closed out at the end of the incident.

Checklist For Closing Out Time Reports (OF-288's)

- Prior to close out, preferably the day before demobe, have the Crew Boss look over all the crew time to alleviate disagreements before crewmembers sign their time reports.
- Is the crew/employee going home or to another fire? If assigned to another fire, start a new column on the current time report or start a new time report. It is preferable to start a new timesheet because the timesheet stays with the respective incident.
- Have all the crew time reports been turned in and posted?
- Have all the commissary issues been posted? Do they add up correctly?
- Has the travel time back to the point of hire been authorized, agreed upon, and recorded on time report?
- If any of the employees being released have quit or been dismissed, is travel time pay authorized for them? If so, has travel time been recorded on time report? If not authorized, has it been charged as a commissary item?
- Are the mailing addresses complete, including zip codes?
- Are all columns with time signed off? Make certain that corrections to the time report have been initialed off.
- Have you drawn a diagonal line through unused portions of columns?
- Have all disputes regarding hours of pay been settled?
- Have all employees signed their time report and does this signature match the name at the top of the time report?
- If there were excess hours, is a notation of IC approval made?

Distribution of Emergency Firefighter Time Reports

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Original – The administering Area/Regional office may be used for collection and routing of timesheets. For State employees, the original OF-288 will be submitted as backup for the regular timesheet.

Yellow – employee

White – final fire package

Route the original time reports and excess hours justification:

AFS Crew Time:

Alaska Fire Service
P.O. Box 35005
Fort Wainwright, Alaska 99703-0005
Attention: Financial Services

State EFF Time: Review and forward to appropriate Region.

Coastal Region
Division of Forestry
101 Airport Road
Palmer, AK 99645-6445
Attn: Payroll
(907) 761-6205

Northern Region
Division of Forestry
3700 Airport Way
Fairbanks, AK 99709-4699
Attn: Payroll
(907) 451-2663

Region Offices will audit time reports, maintain copies for the Region, archive a copy of the excess hours justification and Commissary Issue Record.

Regions will forward original time reports and hiring paperwork to:

Technical Services
Resource Group
P.O. Box 110201
Juneau, Alaska 99811-0201
Mail Stop #02P11

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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Non-DOF or out-of-State incident OF-288

* Equipment models must be supported with CF-204 and CF-297

NSN 7540-01-124-7367

OPTIONAL FORM 338 (Rev. 3/30)
USDA/USDI
50238-102

DOF or in-state Fire OF-288

*Equipment rentals must be supported with CF-284 and OF-297

NSN 7540-01-124-7833

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**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Attach leave slips here DEPARTMENT OF NATURAL RESOURCES
TIME AND ATTENDANCE REPORT

NAME: Forthwright, John Collector/Phone: Ruth Denny 456-5656

SSN: 262-22-12364 RD Code#: _____
Batch#: _____

☒ Permanent ☐ Non-Perm ☐ ACC ☐ Stud Int Pay Period --> From: 8/16/0X To: 8/31/0X

DIVISION OF FORESTRY ONLY: _____ IROC LOA _____ WL FIRE LOA _____																										
GGU Seasonal Overtime Conversion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
Bargaining Unit (circle one): <u>GG</u> / SS / KK / XE Overtime Eligible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
Date	Shift	Start Time	Reg Time	Holi-day	Sick	Leave	Ann	Pers	Misc	Over Time	Ot	Re-call	Stand by	Daily Totals	Eight Digit Collocation	Eight Digit Ledger Code	Swing 280	Swing 260	Grave 290	Grave 270						
8/16	8:00	7.5												7.5												
8/17	8:00	7.5												7.5												
8/18	6:00	RDO								12.0				12.0	10310130	73X37042										
8/19	11:00	RDO								12.5				12.5	10310130	73X37042										
8/20				7.5										7.5												
8/20	6:00									13.0				13.0	10310130	73X37042										
8/21	6:30	7.5								4.0				11.5	10310130	73X37042										
8/22	6:00	7.5								5.5				13.0	10310130	73X37131										
8/23	6:00	7.5								5.5				13.0	10310130	73X37131										
8/24	6:00	7.5								5.5				13.0	10310130	73X37131										
8/25	6:00	RDO								13.0				13.0	10310130	73X37131										
8/26	5:30	RDO								13.5				13.5	10310130	73X37131		13.5								
8/27	5:30	7.5								4.0				11.5	10310130	73X37246		7.5	4.0							
8/28	7:00	7.5								4.5				12.0	10310130	73X37246										
8/29	7:00	7.5								3.5				7.5	10310130	73X37246										
8/30	7:30	7.5								3.5				11.0	10310130	73X37261										
8/31	7:30	7.5								3.5				11.0	10310130	73X37261										
TOTAL HOURS															82.5	7.5	0.0	0.0	0.0	0.0	0.0	190.0				
GRAND TOTAL															82.5	7.5	0.0	0.0	0.0	0.0	0.0	190.0				

I certify that all time and charges reported are accurate and all overtime hours were pre-approved.

Hazard on reverse _____ (Check here)

Commissary Deduction: \$43.00

Employee Signature: John Forthwright Date: 8/31/0X

Approving Authority Signature: Chris Malin Date: 8/31/0X

Comments: Shift change. OF-288 attached. R&R

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

TIMESHEET INSTRUCTIONS

NOTE: Record all appropriate information in the top section of the timesheet.

DATE: List all dates in pay period including regular days off (RDO).

START TIME: Indicate shift start time.

REGULAR TIME: Record all time worked at straight time except hours compensated as straight overtime. Leave, overtime, and holidays should not be included here.

HOLIDAY: Record 7.5 hours for paid State holiday. Do not include hours worked.

LEAVE: Record the hours of leave reported on leave slips. Misc. leave: leave hours not identified elsewhere on timesheet (i.e. sick – LTC, military, court, family).

OT STRAIGHT: LTC – Record hours worked between 7.5 and 8 hours a day. **SU/KK** – Record hours between 37.5 and 40 hour per week.

1.5 X OVERTIME: GG – Record hours worked after 37.5 hours per week. **LTC** – Record hours worked after 8 hours in a day or 40 hours per week. **SU/KK** – Record hours worked after 40 hours per week. Record all hours worked on holidays. Signature of supervisor authorizes overtime for eligible employees.

2 X OVERTIME: LTC only – Record hours worked on 2nd scheduled RDO if employee has worked 7 consecutive days.

RECALL/CALL BACK: Record only actual hours worked and start time. **GG** – Recall provisions do not apply in the following cases:

- a. if the additional work assignment has been scheduled prior to the bargaining unit member's leaving the worksite at the end of the shift;
- b. if the employee who is contacted to return to work is on standby when contacted to return to work;
- c. if the employee has volunteered to be called for overtime during a specific pay period;
- d. if the employee is not required to report to a work station or other location to perform the work.

STANDBY/ON-CALL: GG/SU – Record 7.5 hours for each day on standby. **LTC** – Record an X in column for each day on-call.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

OUT OF CLASS CODE: LTC only – Record the appropriate wage group in column for each day working out of class. Note on comment line duties performed that qualify the employee to receive out of class pay.

DAILY TOTALS: Total of all regular time, holiday, leave, and overtime.

COLLOCATION/LEDGER CODE: Enter only if time is to be charged to other than code of record. Enter corresponding ledger code or fire number if applicable.

TOTAL HOURS: Total hours per page.

GRAND TOTAL: Total hours for pay period.

HAZARD: Check and fill out back.

COMMISSARY: List all total dollars to be deducted.

Sign and date timesheet. Attach completed leave slips

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK



MEMORANDUM
Department of Natural Resources

STATE OF ALASKA

Support Services Division
Human Resources Section

TO: Administrative Managers
Administrative Assistants

DATE: 2 February 2000

PHONE: 465-2463

FROM: Lee Powelson *[Signature]*
Human Resources Manager

SUBJECT: Call Back – Contiguous Hours

In response to a recent inquiry, the following is provided to assist you in correctly paying LTC employees when called back to work immediately prior to the employee's regular hours of work.

Section 14.03 – Call Back, establishes the basic rule for compensating an employee who is directed to return to work after completing their scheduled work. For most scenarios, the contract language is clear; however, in the following situation the practice of the parties needs clarification.

When an employee is directed to return to work *AND* the employee works continuously to the start of the regular work schedule, the employee is entitled to call back pay at the rate of time and one-half for hours actually worked prior to the start of the employee's regular shift.

Here's an example:

The employee is regularly scheduled to work from 7:00 AM to 3:00 PM with a one-half hour lunch break. Due to heavy snow (which the weather service didn't predict so the extra hours were not scheduled in advance) the employee is called back to work early. The employee reports to work at 5:30 AM to clear the parking lot and sidewalks. The employee works until 7:00 AM, then completes the regular shift.

The employee is paid as follows:

5:30 AM – 7:00 AM	1.5 hours at the rate of time and one-half (code 244)
7:00 AM – 3:00 PM	7.5 hours at the straight-time rate (code 100)

Since the employee receives at least four hours of work this day, the contractual requirement of "a minimum of four (4) hours pay at the appropriate overtime rate" is met. The appropriate pay rate for work between 5:30 and 7:00 AM is the time and one-half rate. The appropriate pay rate for work between 7:00 AM and 3:00 PM is the straight-time rate.

If you have any questions about this, please call the payroll section.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

MEMORANDUM
DEPARTMENT OF NATURAL RESOURCES

State of Alaska
DIVISION OF FORESTRY
Central Office

To: Division of Forestry Personnel

Date: May 22, 2002

Phone: 269-8474

From: Jeff Jahnke
Director

Subject: Fatigue Management

Employees should receive adequate time off to safely perform the essential functions of their positions. The following is established to promote safety, limit fatigue, and reduce work-related injuries while adhering to specific bargaining unit contract provisions.

The Division of Forestry:

1. Adopts a **2 to 1 Work-Rest Ratio**; and
2. Provides at least **1 Day Off in 21 Days**.
3. Provides for **Meal Breaks**.

All division employees are responsible to adhere to these requirements.

2 to 1 Work-Rest Ratio

The Division of Forestry has adopted the nationally recognized 2 to 1 work-rest ratio guideline (for every 2 hours of work or travel, provide 1 hour of rest). For example, a 16-hour shift must be followed by 8 hours of rest.

Written justification with approval by the Regional Forester, Chief of Fire & Aviation, or Incident Commander is required for hours in excess of:

- 19 hours worked during the first 24-hour operational period of an incident, with 5 hours rest before the next operational period; or
- 16 hours worked after the first 24-hour operational period, with 8 hours rest before the next operational period

Note: Any employee assigned full-time driving duties may not exceed 10 hours driving during a maximum allowable 16-hour shift, followed by 8 hours rest before the next operational period.

Time in transit to an incident is considered time worked and starts when a person reports to logistics or a similar office and ends upon check-in at the incident.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

Division Employees – Fatigue Management Guidelines
May 22, 2002
Page 2

1 Day Off in 21 Days

All Division of Forestry employees will have at least one day off within a 21-day period. After 13 consecutive days of work, employees should be scheduled for their next regular day off (RDO) whenever feasible. (See example #1 attached.)

In no case is any employee to work in excess of 20 consecutive days. (See example #2 attached.)

Full-time employees are entitled to 37.5 hours in pay status within 5 consecutive days, and two consecutive days off, within the 7-day workweek (Sunday midnight to Sunday midnight). Managers should stagger work schedules (so not all individuals have the same RDOs) to most efficiently maximize coverage of the work unit.

In extreme situations during the high fire season, employees may not be able to take their next RDO following 13 consecutive days of work. In these circumstances, a supervisor may instruct an employee to take a regularly scheduled workday off in order to comply with the 1-off-in-21 policy. In this scenario, the supervisor must ensure the employee still receives the 37.5-hours of pay status within five consecutive days (example #3 attached). Employees may elect to use personal or annual leave, or overtime conversion, for a mandatory day off that falls on a regularly scheduled workday, in lieu of unpaid time off. Supervisors may not direct employees to take leave to meet the 37.5-hour workweek threshold.

It is the responsibility of employees and supervisors to track days worked in order to adhere to this policy.

Meal Breaks

Division employees are expected to follow their collective bargaining agreements regarding meal breaks. When working on fire assignment, employees shall comply with the Alaska Incident Business Management Handbook and the Federal Interagency Business Management Handbook regarding meal breaks.

In extreme situations, fireline personnel may be compensated for their meal period in accord with the Alaska Incident Business Management Handbook (Chapter 2), and the Federal Interagency Business Management Handbook (Chapter 10, Section 12.6). Compensable meal breaks are the exception, not the rule.

cc: DNR Human Resources

STATE OF ALASKA

LEAVE REQUEST/REPORT

EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INITIAL)	BU	DEPT NO	SOCIAL SECURITY NUMBER		

DATE
LEAVE
BEGINS

MONTH DAY HOUR

AM PM

DATE
LEAVE
ENDS

MONTH DAY HOUR

AM PM

Total Hrs.

Supervisor
Approval

LEAVE TYPE - CHECK ONLY ONE

- | | | | |
|------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> ANN/PERS | <input type="checkbox"/> MILITARY | <input type="checkbox"/> AUTH LWOP | <input type="checkbox"/> LV CASH-IN |
| <input type="checkbox"/> SICK/PERS | <input type="checkbox"/> COURT | <input type="checkbox"/> DISCP LWOP | <input type="checkbox"/> OTHER (Explain Below) |
| <input type="checkbox"/> MATERNITY | <input type="checkbox"/> WKRS COMP | <input type="checkbox"/> UNAUTH LWOP | |

BUS LV USED

BUS LEAVE

UNION APPVD

BUS LV LABOR

REL APPRVD

This form must be submitted within 24 hours after return to duty.

EXPLANATION: LV DONATED TO

NOTE: No leave with pay will be granted in excess of that accrued to employees' credit. Bargaining Unit restricts Leave type availability.

EMPLOYEE SIGNATURE

DATE

APPROVING OFFICER

DATE

WHITE: Dept. Personnel

YELLOW: Employee

PINK: File

Form 02-035 (9/90)

STATE OF ALASKA

LEAVE REQUEST/REPORT

EMPLOYEE'S NAME (PRINT - LAST - FIRST - MIDDLE INITIAL)	BU	DEPT NO	SOCIAL SECURITY NUMBER		

DATE
LEAVE
BEGINS

MONTH DAY HOUR

AM PM

DATE
LEAVE
ENDS

MONTH DAY HOUR

AM PM

Total Hrs.

Supervisor
Approval

LEAVE TYPE - CHECK ONLY ONE

- | | | | |
|------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> ANN/PERS | <input type="checkbox"/> MILITARY | <input type="checkbox"/> AUTH LWOP | <input type="checkbox"/> LV CASH-IN |
| <input type="checkbox"/> SICK/PERS | <input type="checkbox"/> COURT | <input type="checkbox"/> DISCP LWOP | <input type="checkbox"/> OTHER (Explain Below) |
| <input type="checkbox"/> MATERNITY | <input type="checkbox"/> WKRS COMP | <input type="checkbox"/> UNAUTH LWOP | |

BUS LV USED

BUS LEAVE

UNION APPVD

BUS LV LABOR

REL APPRVD

This form must be submitted within 24 hours after return to duty.

EXPLANATION: LV DONATED TO

NOTE: No leave with pay will be granted in excess of that accrued to employees' credit. Bargaining Unit restricts Leave type availability.

EMPLOYEE SIGNATURE

DATE

APPROVING OFFICER

DATE

WHITE: Dept. Personnel

YELLOW: Employee

PINK: File

Form 02-035 (9/90)

Attach leave slips here

DEPARTMENT OF NATURAL RESOURCES
TIME AND ATTENDANCE REPORT

Collector/Phone:

RD Code#:

Batch#:

NAME:

Division:

Pay Period --> From:

To:

SSN: Bargaining Unit (circle one): GG / SS / KK / XE

Overtime Eligible? ____ Yes ____ No

 X Permanent Non-Perm ACC Stud Int

DIVISION OF FORESTRY ONLY: ____ IROC LOA ____ WL FIRE LOA

GGU Seasonal Overtime Conversion? _____ Yes _____ No _____

[illegible]

Hazard on reverse _____ (Check here)

Commissary Deduction: _____

I certify that all time and charges reported are accurate and all overtime hours were pre-approved.

Employee Signature: _____ Date: _____

Approving Authority Signature:_____ Date:_____

Comments: _____

PAY PERIOD: _____

HAZARD PAY WORKSHEET

NAME: _____

SSN: _____

NOTE: USE MILITARY TIME (24 HOUR CLOCK) TO RECORD UP/DOWN TIMES.

[illegible]

I CERTIFY THAT ALL TIME AND CHARGES REPORTED FOR THE ABOVE NAMED EMPLOYEE ARE ACCURATE.

SUPERVISOR'S SIGNATURE: _____

Attach leave slips here

**DEPARTMENT OF NATURAL RESOURCES
LABOR, TRADES & CRAFTS
TIME AND ATTENDANCE REPORT**

Collector/Phone _____
Batch # _____
RD Code _____

[illegible]

Hazard on reverse ____ (Check here)

Commissary Deduction: _____

I certify that all time and charges reported are accurate and all overtime hours were pre-approved.

Employee Signature: _____ Date: _____

Approving Authority Signature: _____ Date: _____

Comments: _____

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

COMMISSARY

Commissary may be provided to meet the extended employment needs of personnel assigned to emergency incidents. In Alaska, commissary is generally agency-provided rather than contractor-provided, and items are limited to those which enable personnel to remain productive while working in remote areas. This chapter will deal with agency-provided commissary only. Refer to the Interagency Incident Business Management Handbook for further information on contract commissary. Personnel working at their point of hire are not allowed commissary privileges. Commissary cutoff must allow enough time for ordering, purchasing, and posting commissary to OF-288's before employee is demobed. The Finance Section Chief will determine cutoff times for demobing crews or single resources after which commissary can't be purchased to allow time for posting any previous purchases. All commissary must be approved by the Incident Commander.

When commissary is delivered, the Commissary Manager or the individual elected to distribute the commissary will immediately inventory the items to verify quantities, and keep it in a secure location until it is issued.

All commissary will be purchased through payroll deduction and posted to the employee's OF-288 prior to their release from the assignment. Commissary items may be sold at actual cost where possible, but to create a more equitable and efficient distribution, averaging may be used. Commissary may be ordered on the third day of an incident for delivery on the fifth day.

Commissary Types

There are five types of agency-provided commissary: Initial Commissary, Pre-packaged Individual Commissary, Bulk Commissary, Optional Items Commissary, and Emergency Commissary.

Initial Commissary

Is defined as:

Cigarettes:	6 Cartons Marlboro
Cigarettes:	2 Cartons Winston
Cigarettes:	2 Cartons Camels
Cigarettes:	2 Cartons Marlboro Lights
Chewing Tobacco:	2 Rolls Copenhagen
Chewing Tobacco:	1 Roll Skoal (no mint)
Socks:	32 Pair (wool or wool blend)
Boot Grease:	3 Cans Boot Grease
Boot Laces:	5 Pair 72" Leather

An Initial Commissary "box" is meant to serve one EFF Type II crew. Subsequent orders may be placed for delivery every five days.

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DIVISION OF FORESTRY
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Pre-packaged Individual Commissary

This includes the same items as Initial Commissary, but is based on orders for specific individuals coordinated through the Crew Boss to Finance Section Chief and approved by the Incident Commander. It is extremely advantageous when time and space allows for commissary orders to be “pre-packaged”. This involves sorting the items by crew and then bagging the items by individual. The individual bags may be tagged with name, last 4 digits of social security number, list of items, and total price. Additionally, the Commissary Issue Records, should be established before dispersion of commissary. Separate Issue Records should be filled out for crews and like units, i.e. helibase, logistics, etc. All columns and rows should be totaled and balanced.

Bulk Commissary

Bulk commissary is merely non-standard amounts of items found in Initial commissary where altering the amounts better serves the needs of the incident.

Optional Items

Optional items may include toothpaste, bandanas, t-shirts, etc. Optional commissary items should be the exception rather than the rule, and depending on the overhead team policy, may not be allowed at all. Purchase of these items is at the discretion of the Incident Commander and the administering agency.

Miscellaneous items such as film, batteries, radios, tape recorders, postage stamps, postcards, etc., are not considered necessary personal gear, and cannot be purchased through commissary. Food and beverages cannot be purchased through commissary, as these items are provided by the employing agency.

Emergency Commissary

When environmental conditions cause excessive wear on required personal gear, or if personal gear is burned over by wildfire, the IC may authorize emergency purchases on an individual basis. This authorization should be given only when the condition of personal gear creates an unacceptable working condition.

Emergency commissary will be ordered on an individual basis, and each order will include the employee's name, crew name, and item requested (note size if appropriate). Once an employee has made an order, he or she will be obligated to purchase the ordered items unless there is an error in size or a gross misunderstanding. With the exception of boots, brand name, color, and style should not be included.

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DIVISION OF FORESTRY
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Prescription drugs may be ordered as Emergency Commissary only with a valid prescription. Prior approval for the order must be obtained from the Medical or Supply Unit Leader, Logistics Section Chief, or IC. Sufficient prescribed medicine to last a minimum of 16 days should be brought to the incident assignment.

Non-prescription drugs and vitamins may not be purchased through commissary. The Medical Unit will make available, upon request, aspirin, eyewash, and cold medicines at no charge. Other non-prescription drugs and vitamin supplements may be made available through the Medical Unit Leader at his/her discretion. There will be no charge for any such items obtained through the Medical Unit.

Ordering of Commissary

Once it has been determined that a commissary will be established, the following process occurs. The crew boss will take orders from his/her crew using the last 4 digits of their social security number to identify each individual's order. The order is turned in via established chain of command to the Finance Unit. The order is audited by the Finance Unit to confirm compliance with agency commissary criteria. Where appropriate, size and quantity must be specified, i.e. 1 package of socks vs. 3 pair of socks

Procurement of Commissary

Filling the Order

The order may be filled locally by the Finance Unit at the fire or by the Regional office – whichever is the more efficient option. In either case, a shopping list of acceptable items is prepared. Items are purchased with either a state credit card or with vendors who have accounts with the State. The invoices are entered on the Commissary Accountability Record (OF-284, page 6). Original receipts and invoices are kept as part of the final fire package.

Purchase and Delivery

When purchasing commissary, retain all invoices and receipts, and write the commissary collocation code (10310131 for Northern and 10310132 for Coastal) and fire number on them. This information must be recorded on the Commissary Accountability Record before the receipts will be given to the Area administrative staff or Regional Accounting Technician. Individually packaged orders should be marked with the individual's name and crew and sent to the person issuing commissary at the incident.

Inventory

Items are inventoried prior to dispersion to verify quantity. Prices are then marked on the merchandise or a sign may be displayed showing prices. Items of similar quality but different prices may be sold as an average price.

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For example, wool socks are purchased at three different prices: 6 pairs @ \$8.29, 5 pairs @ 7.99, 8 pairs @ 9.25. To determine the average price, the following calculation is done:

- | | |
|---|---|
| 1. 6 x 8.29 = \$49.74
5 x 7.99 = \$39.95
8 x 9.25 = <u>\$74.00</u>
19 \$ 163.69 | 2. \$163.69 /19 pair = \$8.62 average price |
|---|---|

When balancing the account on the Commissary Accountability Record, any difference due to averaging is noted in blocks 10 and 11.

Distribution

Arrange transportation for getting commissary to the incident as well as distribution well in advance of the scheduled distribution date. It is desirable to distribute the commissary after crews have completed their shift and are back in camp.

The Crew Boss should be notified to assemble the crew in an orderly manner to receive their commissary. Each individual, when receiving their commissary order, should examine the items for completeness and correct sizes. All boots should be tried on to ensure proper fit. Secure the crewmember's signature on the Commissary Issue Record (see page 7 of this chapter).

Arranging Dispersion

Arrange dispersion at appropriate time and location The Crew Boss should be notified to assemble the crew in an orderly manner to receive their commissary. It is best to stagger times to minimize the wait time and crowding. It is helpful to have the original order from the crew boss with you when you disperse to help resolve any questions they may come up about what was ordered. Disperse by crew or like unit. Each individual, when receiving their commissary order, should examine the items for completeness and correct sizes. All boots should be tried on to ensure proper fit. Secure the crewmember's signature on the Commissary Issue Record (see page 7 of this chapter).

Returns

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Returns are an exception, not the rule, and should only be made in rare instances such as when there is an error in size or a gross misunderstanding. If an individual has been released before the commissary arrives, the commissary can either be sold to another individual (requires an additional Commissary Issue Record) held as stock on hand, or returned. If held as stock on hand, make the appropriate corrections on pertinent documents. In the case of pre-packaged commissary where the Commissary Issue Record has been completely filled out prior to individual's signature, delete incorrect item, re-total columns and rows, and include value of stock on hand on Commissary Accountability Record.

Accountability

The Commissary Manager (or appointed finance person) is accountable for all commissary stock issued to the unit including the security of commissary items as well as reconciliation of all commissary paperwork. Commissary Accountability Record, Form OF-284 (see page 6 of this chapter), should be completed after any commissary activity on a daily basis and submitted to the Finance Section Chief for review. After review, Commissary Accountability Records are retained along with supporting documentation by the Commissary Manager, and become part of the final fire package. Even when no commissary is purchased, it is advisable to fill out an accountability form on a daily basis to verify any possible outstanding inventory and provide a documented paper trail should items turn up missing.

When closing out the commissary (due to demobe, team rotation, etc.) the originals of all records including invoices should be turned in to the overseeing agency and a copy of all documentation placed in the final fire package. A detailed note should be left with the incoming team and the overseeing agency explaining any problems, concerns, unusual occurrences or any required follow-up. A copy of all documentation – Commissary Issue Records, Commissary Accountability Records, invoices and receipts – should be sent to the Regional Accounting Technician.

State Employee Documentation

For all incident employees, the commissary deduction is noted in block 22 of the Emergency Firefighter Time Report (OF-288). Regular state employees are responsible for entering their total commissary deduction in the appropriate area of the DNR Time and Attendance Report (lower left hand corner) from the OF-288 prior to their submitting the former to their home office.

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COMMISSARY ACCOUNTABILITY RECORD		1. PROJECT <i>Thor's Fury</i>		3. REPORT NUMBER <i>2</i>
		2. CAMP NAME <i>Viking Pass</i>		
4. VALUE OF STOCK RECEIVED, TRANSFERRED, OR RETURNED SINCE LAST REPORT				
a. P.O. INVOICE or TRANSFER NO.	b. DATE	c. VENDOR or TRANSFER UNIT	d. DOLLAR VALUE	
(1) <i>2063</i>	<i>07/03/0x</i>	<i>Redwing shoe store</i>	<i>212</i>	<i>00</i>
(2) <i>11241055</i>	<i>07/03/0x</i>	<i>Costco - store #63</i>	<i>335</i>	<i>00</i>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
e. NET CHANGE				<i>547</i> <i>00</i>
5. VALUE OF STOCK ON HAND <i>(Item 9 from previous report)</i>			<i>226</i>	<i>00</i>
6. TOTAL <i>(Item 4e plus item 5)</i>			<i>773</i>	<i>00</i>
7. VALUE OF STOCK ISSUED DURING PERIOD <i>(Attach Commissary Manager Copies of OF-287, Commissary Issue Record)</i>			<i>547</i>	<i>00</i>
8. BALANCE <i>(Item 6 minus item 7)</i>			<i>226</i>	<i>00</i>
9. VALUE OF STOCK ON HAND <i>(Physical inventory attached)</i>			<i>226</i>	<i>00</i>
10. DIFFERENCE <i>(Items 8 and 9)</i> <input type="checkbox"/> PLUS <i>(Explain in Remarks)</i> <input type="checkbox"/> MINUS			<i>0</i>	
11. REMARKS				
12. AUTHORIZED SIGNATURE <i>Elaine Crow</i>		13. TITLE <i>Commissary Manager</i>		14. DATE <i>07/04/0x</i>
I certify that I have determined the accuracy of item 9, and hereby accept responsibility for all items represented.				
15. SIGNATURE <i>Lisa Stump-Crow</i>		16. TITLE <i>FSC</i>		17. DATE <i>07/04/0x</i>

NSN 7540-01-120-4061

COMMISSARY FILE
☆ GPO : 1985 O - 473-280

OPTIONAL FORM 284 (9-81)
USDA/USDI
50284-101

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COMMISSARY ISSUE RECORD					1. FIRE LOCATION <u>Anchorage</u>		2. FIRE NAME <u>Thor's Fury</u>		3. FIRE NO. <u>73X01324</u>	
					4. FIRE CAMP NAME <u>Viking Pass</u>		5. FIRE CAMP NO.		6. DATE <u>07/04/08</u>	
									7. SHEET NO. <u>1 of 1</u>	
COMMODITY 										
					8. TOTAL COST		9. CREW IDENT.		10. PURCHASER'S NAME (Print) AND SIGNATURE	
									11. I.D. No. (from OF-288 Emergency F.F. Time Report)	
									12. INITIALS (Posted to OF-288)	
A	UNIT PRICE								NAME <u>Penny Lane</u>	I.D. NO. <u>E-42256X1</u>
	QUANTITY								SIGNATURE <u>Penny Lane</u>	INITIALS
	SUB-TOTAL									
B	UNIT PRICE								NAME <u>Angie Trefon</u>	I.D. NO. <u>E-43210X3</u>
	QUANTITY								SIGNATURE <u>Angie Trefon</u>	INITIALS
	SUB-TOTAL									
C	UNIT PRICE								NAME <u>Erwin Balluta</u>	I.D. NO. <u>E-4225618</u>
	QUANTITY								SIGNATURE <u>Erwin Balluta</u>	INITIALS
	SUB-TOTAL									
D	UNIT PRICE								NAME <u>Bud Olson</u>	I.D. NO. <u>E-4731991</u>
	QUANTITY								SIGNATURE <u>Bud Olson</u>	INITIALS
	SUB-TOTAL									
E	UNIT PRICE								NAME <u>Benny Rivers</u>	I.D. NO. <u>E-4731994</u>
	QUANTITY								SIGNATURE <u>Benny Rivers</u>	INITIALS
	SUB-TOTAL									
F	UNIT PRICE								NAME <u>Andrea Wise</u>	I.D. NO. <u>E-3224104</u>
	QUANTITY								SIGNATURE <u>Andrea Wise</u>	INITIALS
	SUB-TOTAL									
G	UNIT PRICE								NAME <u>Julie Chansak</u>	I.D. NO. <u>E-3224105</u>
	QUANTITY								SIGNATURE <u>Julie Chansak</u>	INITIALS
	SUB-TOTAL									
H	UNIT PRICE								NAME	I.D. NO.
	QUANTITY								SIGNATURE	INITIALS
	SUB-TOTAL									
I	UNIT PRICE								NAME	I.D. NO.
	QUANTITY								SIGNATURE	INITIALS
	SUB-TOTAL									
J	UNIT PRICE								NAME	I.D. NO.
	QUANTITY								SIGNATURE	INITIALS
	SUB-TOTAL									

Page total 222.00 86.00 27.00 27.00

547.00
Original-Commissary

OPTIONAL FORM 287(9-81)
USDA/USDI
50287-101

COMMISSARY ISSUE RECORD						1. FIRE LOCATION		2. FIRE NAME		3. FIRE NO.	
						4. FIRE CAMP NAME		5. FIRE CAMP NO.	6. DATE	7. SHEET NO. of	
8. COMMODITY ➔						9. TOTAL COST		10. CREW IDENT.		11. PURCHASER'S NAME (Print) AND SIGNATURE	
										12. I.D. No. (from OF-288 Emergen- cy F.F. Time Re- port)	
										13. INITIALS (Posted to OF-288)	
A	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
B	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
C	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
D	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
E	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
F	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
G	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
H	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
I	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	
J	UNIT PRICE									NAME	
	QUANTITY									SIGNATURE	
	SUB-TOTAL									I.D. NO.	

COMMISSARY ACCOUNTABILITY RECORD		1. PROJECT		3. REPORT NUMBER	
		2. CAMP NAME			
4. VALUE OF STOCK RECEIVED, TRANSFERRED, OR RETURNED SINCE LAST REPORT					
a.	P.O. INVOICE or TRANSFER NO.	b.	DATE	c.	VENDOR or TRANSFER UNIT
					d.
					DOLLAR VALUE
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
e. NET CHANGE					➔
5. VALUE OF STOCK ON HAND <i>(Item 9 from previous report)</i>					
6. TOTAL <i>(Item 4e plus item 5)</i>					
7. VALUE OF STOCK ISSUED DURING PERIOD <i>(Attach Commissary Manager Copies of OF-287, Commissary Issue Record)</i>					
8. BALANCE <i>(Item 6 minus item 7)</i>					
9. VALUE OF STOCK ON HAND <i>(Physical inventory attached)</i>					
10. DIFFERENCE <i>(Items 8 and 9)</i> <input type="checkbox"/> PLUS <input type="checkbox"/> MINUS <i>(Explain in Remarks)</i>					
11. REMARKS					
12. AUTHORIZED SIGNATURE			13. TITLE		14. DATE
I certify that I have determined the accuracy of item 9, and hereby accept responsibility for all items represented.					
15. SIGNATURE			16. TITLE		17. DATE

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COMPENSATION FOR INJURY

Worker's Compensation Definitions

Traumatic Injury - A wound or condition of the body caused by an external force (including stress or strain) which, arising out of and in the course of employment, occurs during one work shift or calendar day. The injury must be identifiable by time and place of occurrence, and member or function of the body affected, e.g., cut finger or broken ankle.

Occupational Illness - A disease that is produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, or fumes, or other continued and repeated exposure to conditions of work environment over a period of at least two days, e.g., bronchitis.

Medical information and records related to an individual's claim are confidential and should not be discussed unless the information is pertinent to processing the required documentation.

The State of Alaska Worker's Compensation Act provides for compensation and/or medical care for state employees who sustain injuries related to the performance of his/her duty. This includes off-shift hours when assigned to an incident or staging area, or when in travel status. State of Alaska employees, including EFF, are covered by State of Alaska Worker's Compensation, even when on a federal fire or on assignment to the Lower 48. The Incident Agency is ultimately responsible for ensuring that compensation for injury cases are properly handled.

The worker's compensation insurance adjuster is: ***Harbor Adjustment Services
1900 West Benson Blvd. Suite 101
Anchorage, AK 99517
Phone: (907) 277-1377
Fax: (907) 277-4143***

A worker's compensation claim may be filed by an employee at any time. No one has the right to deny an employee the right to file a claim. The determination of a claim's validity in terms of being work-related is the responsibility of the adjustor. At no time should an employee comment on the likelihood of a claim being covered. The employee should be forewarned that they may ultimately be liable for the costs if the injury or illness is determined by the adjustor not to be work-related. An employee needs to be forewarned if the injury/illness is determined to NOT be work-related, they may be liable for any medical costs incurred.

Work Injuries/Illness Generally Covered

- Accidental injury arising out of or in the course of employment

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- Breakage of prosthetic devices, as a direct result of duty performance, which function as part of the body such as eyeglasses/contact lenses, hearing aids, or dentures (e.g., if a limb falls from a tree striking and breaking the individual's glasses)
- Occupational diseases or infections, such as dermatitis, due to plant poison or chemical/irritant used at work, excessive smoke inhalation on a fireline, or food poisoning
- Injury caused by the willful act of a third person directed against an employee because of his employment

Conditions Which May Void Coverage of Worker's Compensation

- Willful misconduct of employee
- Injuries or death of an employee caused by his intention to bring about the injury or death of himself or another employee
- Intoxication of the injured employee
- Being under the influence of an illegal drug or the misuse of prescribed drugs

Procedures

Employee

- Obtain first aid or medical treatment immediately and notify the supervisor.
- Complete the "Employee's Notice to Employer" section of Form 02-921, (Report of Occupational Injury or Illness, page 11 of this chapter). As soon as it has been completed, return Form 02-921 to the Finance Section when on the incident, Area Admin when in an Area office, or Region Administrative Assistant when in the Regional office. Inform Finance Section of employee work status.
- In some instances the injured employee may carry the forms with them when receiving treatment. Make sure all portions of the 02-921 (Report of Occupational Injury or Illness) are completed before leaving the fire, to receive treatment.
- Notify the home unit. See that copies are faxed immediately to employee's home unit as the home unit may play a key role in assisting you with the processing of the claim.

Incident Supervisor's Responsibility

If the supervisor doubts the validity of the employee's claim, if there are obvious ambiguities, if a serious accident has occurred, or a death is involved, the supervisor must complete a Supervisor's Accident

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Investigation Report (Form 02-932, see page 12). This should be submitted with the original Report of Injury or Illness Form to the Finance Section, Area or Regional Admin, whichever is applicable.

On Form 02-921 (Report of Occupational Injury or Illness) Block 18, code numbers is as follows:

- 1001 - EFF
- 1003 - Division of Forestry Employees
- 1099 - Other State Employees

Block 26 - Make sure this block is filled in. If the employee did not leave work or returned to work the next day without additional time off, write in “**no time loss.**”

Report of Occupational Injury or Illness (Form 02-921) must be completed and submitted **immediately** to the Finance Section, Area or Regional Admin, whichever is applicable after learning an employee has been, or claims to have been, injured.

Failure to file an Employer’s Report within the required time may subject the Region/Area’s operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee.

Failure to file a report when knowledge of an employee’s injury exists may result in a fine for the Division.

Emergency Medical Care

Emergency medical care should be obtained from the nearest qualified physician or hospital with the understanding that if the employee’s claim is determined to be job-related, favorable consideration will be given to reimbursement for the cost of necessary medical care. Before leaving the medical treatment facility the employee or accompanying Admin should get a doctor’s release before returning to work.

State payment for medical care is not guaranteed merely because an illness occurs during working hours. The employee will, nevertheless, be furnished transportation to a medical facility. If the examining physician rules that the illness is not work-related, the employee has the right to secure medical care at his own expense and submit itemized receipts to Harbor Adjustments Services, request reimbursement, and secure a second decision. Any questions should be directed to Harbor Adjustments Services. If an employee is denied treatment under the terms of the Act, he/she has the right to appeal the decision to the Alaska Worker’s Compensation Board.

State of Alaska Crews or Employees on Outside Assignment

Federal Agency Provided Medical Care (APMC) may cover State of Alaska employees and crews on a federal or outside fire assignment if hospitalization is not required. Refer to the Interagency Incident Business Management Handbook for explanation of APMC coverage and forms required.

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In addition to the federally-required forms when on a federal incident or when utilizing APMC, State employees and State crewmembers must have the State of Alaska Form 02-921, Report of Occupational Injury or Illness, completed and sent to the appropriate Regional Administrative Assistant with a copy faxed to the home unit. Federal injury forms and physician's statements, if available, may be used as backup for the 02-921 (Report of Occupational Injury or Illness), but are not a replacement for the 02-921. If APMC is used, write on the Report of Occupational Injury or Illness at the top of the form in bold letters "**APMC UTILIZED**". Also, a copy of the APMC form should be attached to the Report of Occupational Injury or Illness. *The Report of Occupational Injury and Illness is mandatory.*

Should hospitalization or medical treatment be refused for an employee, immediately contact the Coastal Region Administrative Assistant in Palmer at (907) 761-6205 or the Northern Region Administrative Assistant at (907) 451-2662, for a letter of authorization to be faxed to the medical provider (page 8 of this chapter).

Non-work-related Medical Situation for Alaska Natives

If, while on an incident, a Native crewmember has a possible non-work-related illness or dental problem which interferes with their capacity to work, and medical attention is warranted, attempt to find the closest Indian Health Clinic where services can be provided. If it is impossible to efficiently do so, then seek medical treatment in the most practical and expedient manner. A Report of Occupational Injury or Illness must be completed in the standard manner in the event that Harbor Adjustment Services determines the case is in fact work-related.

PRIOR to seeking treatment, be sure to notify the employee that worker's compensation does not normally cover non-work-related problems, and they will ultimately be liable for the bill if their claim is denied by the worker's compensation adjuster.

If the Native crewmember is from either the Tanana Chiefs Region, or covered under the Alaska Native Medical Center, then present to the admitting official a copy of the memo from the appropriate agency which authorizes treatment. The clinic can make a copy for the patient's file. Please refer to the crew list on pages 9 & 10 of this chapter to determine which agency is medically responsible for the employee. Refer to letters on page 13 & 14.

When receiving treatment at a non-Indian Health Services Clinic, or as soon as possible after, call either Tanana Chiefs Contract Health, or the Alaska Native Medical Center Contract to notify them of the treatment being provided to their client, depending on the residence of the employee. If the medical treatment is being sought on weekends or after hours, call as soon as possible during normal business hours. Both contract health agencies in Alaska will pay only for emergency medical treatment.

Tanana Chiefs Contract Health

(907) 451-6682, ext. 3613 or 1-800-770-8254, ext. 3613

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Alaska Native Medical Center Contract Health

(907) 563-2662 or 1-800 478-1636

Non-work-related Medical Situation for Non-Natives

If the crewmember is not a Native, seek medical treatment in the most practical and expedient manner. Any non-work related medical expenses are the responsibility of the employee. However, PRIOR to seeking treatment, be sure to notify the employee that worker's compensation does not normally cover non-work-related problems, and they will ultimately be liable for the bill if their claim is denied by the worker's compensation adjuster.

Federal Worker's Compensation Claims

Federal crews use federal worker's compensation documentation (see documentation grid at the end of this section).

Distribution of Federal Worker's Compensation Forms

Always maintain a copy of all documentation for the final fire package regardless of what agency is involved.

The employee's home unit always gets the original paperwork. Staple the original federal compensation for injury documentation to the federal employee's original timesheet.

Financial Services (at BLM-AFS on Ft. Wainwright) also coordinates federal worker's compensation claims for Alaska BLM employees. Financial Services may coordinate claims for other federal employees (Forest Service, Fish and Wildlife, etc.) if they receive treatment in Fairbanks, or if requested by an Incident Management Team or host agency.

The following federal forms are the bare minimum required. Please refer to the Interagency Incident Business Management Handbook for a complete list of injury/illness forms.

FEDERAL FORMS	Traumatic Injury	Occupational Illness
CA-1	X	
Report of Traumatic Injury		
CA-2		X
Notice of Occupational Disease		

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State Compensation for Injury Contacts

Each Forestry office has designated a primary and alternate contact for Compensation for Injury documentation and processing. These designated people are responsible for paperwork and processing.

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>
COASTAL	761-6205	Darlene Langill	Eileen Crouse
AMSO/Palmer	761-6389	Lisa Burns	Ken Bullman
KKAO/Soldotna	262-4124	Barbara Phegley	Ric Plate
SWAO/McGrath	524-3010	Naomi Norback	Jeff Browne
VCRAO/Glennallen	822-5534	Laura Hood	Gary Mullen
NORTHERN	451-2662	Karen Gordon	Ruth Earnshaw
FAO/Fairbanks	451-2600	Sue Whitney	Marc Lee
DAO/Delta	895-4225	Joanne Singer	Al Edgren
TAO/Tok	883-5134	Sandra Gabbard	Mark Eliot
SER/Juneau	465-2494	Chuck Leshner	Jim Eleazer

Routing Forms

When all required forms have been completed and signed by the employee and supervisor, the forms will be distributed as follows:

When on a fire administered by an Area office:

The Area Admin responsible for the fire will fax a copy of the claim documentation to the Region and individual's home unit, and then send the original with any additional documentation to the Region Admin Assistant. It is helpful to note on the fax who received the documentation and where originals will be routed. This information is confidential, and should be treated as such.

When on a Federal or lower 48 assignment:

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- IF APMC was utilized, please state so on all state documentation. To minimize the chances of the adjustor's (Harbor Adjustment Services) double paying the bill, please attach all APMC documentation and note on the Report of Injury that the bill will be paid by APMC.
- Fax a copy of all documentation (INCLUDING any federal documentation done) to the home unit AND the regional office within 24 hours if at all possible
- ORIGINALS of all documentation should be mailed immediately to the Regional Admin.
- The Regional Admin will then forward the originals to:

Gaby Pfaff	Phone: 465-5052
Employee Services	Fax: 465-5850
DOA Division of Personnel	
1255 W 8 th	
Juneau, AK	

Policy for Releasing Personnel

Injury: Persons leaving the fire as the result of an injury may be released if they are not capable of performing incident duties within two days. Transportation cost will be paid by the incident. The incident will determine whether the employee will be assigned light duty or sent home.

Illness: Personnel may be released from the fire due to illness. If the fire requests the employee's return, the employee must provide a doctor's release prior to returning.

Personal Reasons: Persons leaving the fire for personal reasons will pay their own transportation costs unless officially notified of a death in the family or a critical situation at home.

Timekeeping Adjustments

Normally, pay on the day of injury consists of time worked, including travel to medical treatment, or base wage, whichever is greater.

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State of Alaska

Department of Natural Resources
Division of Forestry
Northern Regional Office

FRANK H. MURKOWSKI, GOVERNOR

*3700 Airport Way
Fairbanks, Alaska 99709-4699
Phone: (907) 451-2660
Fax: (907) 451-2690*

Date: _____

To Health Care Provider

The following individual is a State of Alaska employee on an incident assignment. This letter is your authorization to provide treatment for any potential worker's compensation injuries or illnesses.

Name: _____

Social Security Number: _____

Please provide the necessary care to this employee and submit invoices/bills to:

Harbor Adjustment Services
1900 West Benson Blvd. Suite 101
Anchorage, AK 99517
Phone: (907) 277-1377
Fax: (907) 277-4143

If you have any questions regarding Coastal Region employees, call:
Coastal Region Administrative Assistance at 907-761-6205 or
Coastal Region Logistics Coordinator at 907-761-6218.

If you have any questions regarding Northern Region employees, call:
Northern Region Administrative Assistance at 907-451-2662
Northern Region Logistics Coordinator at 907-451-2664.

Your assistance is greatly appreciated.

Sincerely,

Jeff Jahnke
State Forester

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DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	NATIVE MEDICAL CLINIC	AGENCY	REGION OR AREA OFFICE	3-LETTER DESIGNATION
Allakaket/Alatna	TCC	AFS	TAD	AET
Ambler	ANMC	AFS	GAD	ABL
Aniak	TCC	DOF	SWS	ANI
Beaver	TCC	AFS	UYD	WBQ
Buckland	ANMC	AFS	GAD	7K5
Chalkyitsik	TCC	AFS	UYD	CIK
Chevak	ANMC	DOF	SWS	VAK
Copper River	ANMC	DOF	CRS	GKN
Delta	TCC	DOF	DAS	BIG
Eagle	TCC	AFS	UYD	EAA
Fairbanks	TCC	DOF	FAS	FAI
Ft. Yukon	TCC	AFS	UYD	FYU
Galena	TCC	AFS	GAD	GAL
Grayling	ANMC	AFS	GAD	KGX
Holy Cross	ANMC	AFS	GAD	4Z4
Hooper Bay	ANMC	DOF	SWS	HPB
Hughes	TCC	AFS	TAD	HUS
Huslia	TCC	AFS	GAD	HSL
Kalskag, Lower	ANMC	DOF	SWS	KLG
Kalskag, Upper	ANMC	DOF	SWS	KLG
Kaltag	TCC	AFS	GAD	KAL
Kenai	ANMC	DOF	KKS	ENA
Kiana	ANMC	AFS	GAD	IAN
Koyuk	ANMC	AFS	GAD	KKA
Koyukuk	TCC	AFS	GAD	KYU
Marshall	ANMC	AFS	GAD	MLL
Mat-Su	ANMC	DOF	MSS	PAQ
Mentasta	ANMC	DOF	TAS	MEN
Minto	TCC	AFS	TAD	51Z
Mt. Village	ANMC	AFS	GAD	MOU
Nenana	TCC	DOF	FAS	ENN
New Stuyahok	ANMC	DOF	SWS	KNW
Nikolai	TCC	DOF	SWS	5NI
Nondalton	ANMC	DOF	SWS	5NN

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Noorvik	ANMC	AFS	GAD	ORV
Northway	TCC	DOF	TAS	ORT
Nulato	TCC	AFS	GAD	NUL

DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	NATIVE MEDICAL CLINIC	AGENCY	REGION OR AREA OFFICE	3-LETTER DESIGNATION
Pilot Station	ANMC	AFS	GAD	PST
Rampart	TCC	AFS	TAD	RMP
Ruby	TCC	AFS	GAD	RBY
Scammon Bay	ANMC	DOF	SWS	SCM
Selawik	ANMC	AFS	GAD	WLK
Shageluk	ANMC	DOF	SWS	SHX
Shungnak	ANMC	AFS	GAD	SHG
Sleetmute	ANMC	DOF	SWS	SLQ
Stebbins	ANMC	AFS	GAD	WBB
Stevens Village	TCC	AFS	UYD	SVS
St. Marys	ANMC	AFS	GAD	KSM
St. Michael	ANMC	AFS	GAD	SMK
Tanacross	TCC	DOF	TAS	TSG
Tanana	TCC	AFS	TAD	TAL
Tetlin	TCC	DOF	TAS	5TE
Tok	TCC	DOF	TAS	6K8
Venetie	TCC	AFS	UYD	VEE

AFS Areas:

GAD - Galena Zone, Galena
TAD - Tanana Zone, Tanana
UYD - Upper Yukon Zone, Fairbanks

DOF Areas:

Coastal Region
KKS – Kenai-Kodiak Area, Soldotna
MSS - Mat-Su Area, Palmer
SWS - Southwest Area, McGrath
Northern Region
CRS – Valdez-Copper River Area, Glennallen
DAS - Delta Area, Delta
FAS - Fairbanks Area, Fairbanks

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

TAS - Tok Area, Tok

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Alaska Department of Labor
Alaska Workers' Compensation Board
P.O. Box 25512
Juneau, AK 99802-5512

**STATE OF ALASKA
REPORT OF OCCUPATIONAL
INJURY OR ILLNESS**

AWCB Case Number

EMPLOYEE: Answer ALL questions 1-20. Follow instructions on Pages 3 and 5.											
1. Last Name Smith, John			2. Telephone Number 907-431-2660		3. Date of Birth 1/8/1950		4. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		5. Social Security Number 123-45-6789		
6a. Mailing Address 12 My Way Road			7a. Residence Address (Do not use P.O. Box; this must be your residence address) Same								
6b. City Palmer			State AK		ZIP Code 99669		7b. City		State ZIP Code		
8. City, Town, Village where injury occurred Anchor Point, AK			9. Date & Hour of Injury or Exposure to Disease Date 6/7/0X Hour <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.				10. On Employer's Premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
11. Full Name and Address of Attending Physician EMT-Clarence Snodgrass			12. Hospitalized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				13. Name and Address of Hospital				
City On incident "White Road Fire"			State		ZIP Code		City		State ZIP Code		
14. Type of Injury or Illness and Part of Body Injured Hand <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right			15. Describe How the Injury or Illness Happened (Be specific) Was unloading truck with crew and as I was pulling a box out the back of a pick-up when an adjacent pump kit fell side ways and hit my hand.								
16. Employee's Signature (If not available, explain) <i>John Smith</i>							17. Date Signed 6.7.0X				
EMPLOYER: Answer questions 18-49. Carefully follow instructions on Page 2.											
18. Department Natural Resource		Code 1001		Division/Location Forestry		Code 1001		19. Region (if applicable) Coastal			
20. Mailing Address (street and number) 101 Airport Road							21. Name of Insurer: State of Alaska Self Insurance Program				
City Palmer, AK		State AK		ZIP Code 99645		Telephone 907-761-2622		22. Full Name and Address of Adjusting Company Harbor Adjustment Services			
23. Date Employer First Knew Injury was Work-Related 6/7/0X		24. Time Employee Left Work Date 6/7/0X Hour <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. 2:00		Mailing Address (street and number) 1900 West Benson Blvd Suite 101							
25. Will Injury Result in Lost Time Beyond Date of Accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Date Returned to Work Notime lost		27. Death <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		City Anchorage, AK		State ZIP Code Telephone 99517 277-1377			
28. Place Where Injury or Illness Took Place (if different from location listed in #20). "White Road Fire" Anchor Point, AK							29. Employee's Occupation EFF (Emerg Fire Fighter)		30. Date Hired by Employer 5/4/0X		
31. Earnings Calculated By: <input checked="" type="checkbox"/> Hr. <input type="checkbox"/> Day <input type="checkbox"/> Output <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Year			32. Rate of Pay 11.48 hour			33. Days Employee Works per Week <input type="checkbox"/> 3 or Less <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7		34. Scheduled Days Off 0		35. Workday Began 6:00 a.m. <input type="checkbox"/> p.m.	
36. Was Employee Paid for Day of Injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			37. Federal EIN 92-6001185 AK U.I. Acct. No. 588997								
38. Give Details of How Accident Happened. John pulled a box out of the pick-up. This made another box unstable and it fell on his right hand.											
39. Was Accident Caused by Failure of a Machine or Product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			40. Were Mechanical Guards or Other Safeguards Provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			41. Name Machine, Substance, or Object Which Directly Injured Employee N/A		42. If Mechanical, Specifically What Part? N/A			
43. Name and Addresses of Witnesses Nikolai Crew and Strike Team					44. If the Accident Was Caused by Anyone Besides Employee, Give Name and Address N/A						
45. Dependents (name and address in case of death) Leader Frank Paul (P.O. Box 38 Tok, AK hm 883-8833)											
46. If you Doubt Validity of Claim, State Reason (complete Supervisor's Report if necessary, and describe in detail) 0 N/A											
47. Signature of Authorized Employer Representative <i>Grant Writer</i>					48. Title IC Type III		49. Date Signed 6.8.0X				

WARNING TO EMPLOYEES AND EMPLOYERS: Penalties for fraud or misleading statements. A person who knowingly makes a false or misleading statement that adversely affects another person, is guilty of deception as defined in AS 11.46.180, and may be punished as provided in AS 11.46.120-150.

Instructions: Complete the Original and make 4 copies.

Distribution: Original - Workers' Compensation Board

Copy - Risk Management Copy - Adjuster Copy - Employer Copy - Employee

Form 02-921 (Rev. 9/02)

09/19/02-921.doc

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured / Equipment / Property: John Smith

Job or Activity at Time of Accident: Emergency Firefighter Date of Accident: 6-7-XX

Exact Location: "White Road Fire", Anchor Point, AK Time: 2:00

1. WHAT HAPPENED? John was unloading Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.
supplies from the back of a pickup. As he pulled the box
towards him with his right hand, a pump kit fell off
the stack of boxes to his right, hitting the back of his right hand

2. WHY DID IT HAPPEN? Equipment was being unloaded Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible:
without regard to the effect
of the movement on adjacent
equipment.
OPERATING FACTORS TO BE CONSIDERED:
Proper Equipment Selection Arrangement Use Maintenance Proper Material Selection Placement Handling Use People Selection Placement Training Supervision

3. WHAT SHOULD BE DONE? Before unloading What action(s) will prevent similar accidents in the future?
equipment, be aware of adjacent boxes which may
be supported by it.

4. WHAT HAVE YOU DONE THUS FAR? Discussed with Take or recommend action, depending on your authority.
all personnel to pay closer attention when unloading
boxes and not to rush.

5. HOW WILL THIS IMPROVE OPERATIONS? More time How will it help us meet our objective: ACCIDENT PREVENTION?
and care will be taken when unloading
equipment.

6. WHAT IS YOUR ROUGH ESTIMATED COST OF THIS ACCIDENT?
Cost of lost wages and medical expenses? 0
Damage to State property or equipment? 0
Damage to third parties, property and people? 0
TOTAL 0

Investigated By: Grant D. Writter Date: 6-8-XX
Unit / Division / Department: DNR - Forestry - IC Type 3

COMPLETE INSTRUCTIONS ARE ON THE BACK

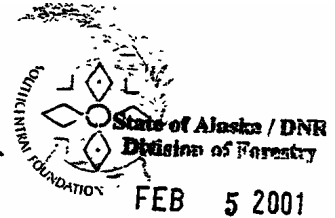
02-932 (10/93)

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK



ALASKA NATIVE
MEDICAL CENTER

February 1, 2001



TO WHOM IT MAY CONCERN:

42499 Sterling Highway
Soldotna, AK 99669

Re: Contract Health Services

This letter of intent provides instruction on how the Alaska Native Medical Center (ANMC) Contract Health Service (CHS) program authorizes emergency medical care outside the State of Alaska for those eligible Alaska Native/American Indian beneficiaries. Indian Health Service facilities must be used when they are available. Coverage is provided for residents of the Anchorage, Yukon-Kuskokwim, North Slope, Bristol Bay, Norton Sound, and Maniilaq Service Units. The Alaska Native Medical Center CHS does not provide emergency coverage to residents of the Annette Island (Metlakatla), Interior (Tanana Chiefs), Ketchikan, or Southeast Alaska (SEARHC) Service Units.

Coverage is also dependent upon ANMC having on file proof of eligibility for Indian Health Services, such as a Certificate of Indian Blood issued by the Bureau of Indian Affairs or a tribal enrollment card issued by a federally recognized tribe. The period of coverage will last for 180-days from date of departure from the State of Alaska and is limited to emergency medical services only. You may have to provide proof of when you left Alaska and when you intend to return. Contract Health Services (CHS) must be notified within 72 hours (including weekends) from the beginning of medical treatment or admission to a health care facility. The patient or the patient's family has the ultimate responsibility of notifying the Contract Health Services office by calling (800) 478-1636. Routine obstetrical care is not considered emergent. Inpatient/outpatient mental health/substance abuse services are not covered. In addition, dental care, whether routine or emergent, will not be covered. Required medical follow-up and routine medical care are not considered emergent. If hospitalization or surgery is medically necessary, pre-authorization is required and can be done by contacting a CHS Case Manager at (800) 478-1636. Authorization will be based upon the CHS Case Manager's recommendation.

When medical services are provided CHS needs the following information: patient name, date of birth, social security number, diagnosis, service being provided, date of service, total charges, provider name, provider tax identification number, provider address and provider phone number.

Once medical services have been authorized a purchase-delivery order will be issued. The Purchase-Delivery Order form has instructions on the back of the original page on how to complete the Purchase-Delivery Order and where to submit a claim for payment. All alternate health resources must be billed as primary as the ANMC CHS program is the payor of last resort per federal regulations. The provider office should receive payment within three to four weeks from the date the completed claim with Purchase-Delivery Order is received by our IHS/CHS Fiscal Intermediary in Albuquerque, New Mexico. Questions regarding claim status can be directed to our IHS/CHS Fiscal Intermediary by calling the Customer Service Department at (800) 225-0241.

Sincerely,


Vivian Echavarria, MPH, CHES,
Acting CHS Manager

cc: ANMC - CHS file

Alaska Native Medical Center
4315 Diplomacy Drive
Anchorage, AK 99508
(907) 563-2662

revised: 2/1/01

Anchorage Native Primary Care Center
4320 Diplomacy Drive
Anchorage, AK 99508
(907) 729-3250

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

TANANA CHIEFS CONFERENCE

CONTRACT HEALTH SERVICES, 1408 - 19th Avenue, Suite 398, Fairbanks, Alaska 99701-5903

Telephone: 907-451-6682, ext. 3613; 1-800-770-8251, ext. 3613 Fax: 907-459-3813

Hours: Monday through Friday, 8:30 am to 4:00 pm, Alaska Time

Date Issued:

Date leaving Alaska:

Date returning to Alaska:

[Enter beneficiary information: names, dates of birth, and CAIHC chart numbers.]

Thank you for asking about Contract Health funding for emergent medical services while you are outside of Alaska.

Tanana Chiefs Conference may cover you for emergency medical services for 180 days (6 months) from the date you leave Alaska. *You may be asked to show proof of the date you departed Alaska.*

Services not funded include non-emergency care, care for conditions you had before you left Alaska, dental care, services received in a foreign country (ask about care in Canada), etc.

Some examples of non-emergency health needs, which are not usually covered:

- | | | |
|----------------------------|----------------|----------------------|
| • Urinary tract infections | • Colds | • Sinus infections |
| • Diarrhea/Vomiting | • Minor rashes | • Medication refills |

Here is how to receive funding for your care and other options for you to consider:

⇒ **You must use Indian Health Service clinics and hospitals if they are available to you.**

Take with you proof that you are an Indian Health Service beneficiary, such as your BIA Certificate of Indian Blood or your tribal enrollment card. Corporation cards may not be recognized as proof of Indian Health Service eligibility.

⇒ **In a truly life threatening emergency, get the care you need.**

You then have 72 hours to call Contract Health and request funding. If you use the ER for healthcare that is not an emergency, YOU may be responsible for the bill. The ER is a place where **only** specialized emergency care is received.

Examples of emergency that may be treated in the ER:

- | | | |
|-----------------|-----------------|---------------------------------------|
| • Heart attacks | • Serious falls | • Severe bleeding |
| • Poisonings | • Serious burns | • Serious injuries from car accidents |

⇒ **You must receive prior funding authorization from Contract Health FOR EACH VISIT if additional visits are needed.** You may be responsible for paying the bill if you receive care without first having funding approved.

When you call Contract Health for funding authorization, please have the following information available:

1. Name of the CAIHC doctor or nurse and the date and time you spoke with the person
2. Patient's name, birth date
3. Nature of the emergency (diagnosis if known)
4. Name, address, and telephone number of the private doctor, clinic, and/or hospital
5. The appointment date and time or the date(s) care was received
6. Name of patient's insurance company(ies) and policy number(s) or Medicaid number
7. The date you left Alaska and the date you plan to return to Alaska

⇒ **Sign the provider's "Assignment of Benefits" forms.**

⇒ **Give the provider all your insurance information.**

All other payers must be billed before Contract Health can make payment as the final payer.

⇒ **Sign doctor and hospital "Release of Information" forms.** These forms allow the doctor and hospital to send copies of your medical records to CAIHC. Payment cannot be made until these records are received at CAIHC.

I have read and understand the above information.

Have a safe and speedy return to Alaska!

State of Alaska

Department of Natural Resources

Division of Forestry
Northern Regional Office

FRANK H. MURKOWSKI, GOVERNOR

3700 Airport Way

Fairbanks, Alaska 99709-4699

Phone: (907) 451-2660

Fax: (907) 451-2690

Date: _____

To Health Care Provider

The following individual is a State of Alaska employee on an incident assignment. This letter is your authorization to provide treatment for any potential worker's compensation injuries or illnesses.

Name: _____

Social Security Number: _____

Please provide the necessary care to this employee and submit invoices/bills to:

Harbor Adjustment Services
1900 West Benson Blvd. Suite 101
Anchorage, AK 99517
Phone: (907) 277-1377
Fax: (907) 277-4143

If you have any questions regarding Coastal Region employees, call:
Coastal Region Administrative Assistance at 907-761-6205 or
Coastal Region Logistics Coordinator at 907-761-6218.

If you have any questions regarding Northern Region employees, call:
Northern Region Administrative Assistance at 907-451-2662
Northern Region Logistics Coordinator at 907-451-2664.

Your assistance is greatly appreciated.

Sincerely,

Jeff Jahnke
State Forester

STATE OF ALASKA
REPORT OF OCCUPATIONAL
INJURY OR ILLNESS

AWCB Case Number

EMPLOYEE: Answer ALL questions 1-20. Follow instructions on Pages 3 and 5.

1. Last Name First Name Initial	2. Telephone Number	3. Date of Birth / /	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Social Security Number
6a. Mailing Address	7a. Residence Address (Do not use P.O. Box; this must be your residence address)			
6b. City State ZIP Code	7b. City State ZIP Code			
8. City, Town, Village where injury occurred	9. Date & Hour of Injury or Exposure to Disease Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		10. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Full Name and Address of Attending Physician	12. Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Name and Address of Hospital		
City State ZIP Code	City	State ZIP Code		
14. Type of Injury or Illness and Part of Body Injured <input type="checkbox"/> Left <input type="checkbox"/> Right	15. Describe How the Injury or Illness Happened (Be specific)			
16. Employee's Signature (If not available, explain)				17. Date Signed

EMPLOYER: Answer questions 18-49. Carefully follow instructions on Page 2.

18. Department Code Division/Location Code	19. Region (if applicable)			
20. Mailing Address (street and number)		21. Name of Insurer: State of Alaska Self Insurance Program		
City State ZIP Code Telephone	22. Full Name and Address of Adjusting Company			
23. Date Employer First Knew Injury was Work-Related / /	24. Time Employee Left Work Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Mailing Address (street and number)	
25. Will Injury Result in Lost Time Beyond Date of Accident?	26. Date Returned to Work	27. Death <input type="checkbox"/> Yes <input type="checkbox"/> No	City State ZIP Code Telephone	
28. Place Where Injury or Illness Took Place (if different from location listed in #20).			29. Employee's Occupation	30. Date Hired by Employer
31. Earnings Calculated By: <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Outout <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	32. Rate of Pay \$ per	33. Days Employee Works per Week <input type="checkbox"/> 3 or Less <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	34. Scheduled Days Off	35. Workday Began <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
36. Was Employee Paid for Day of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	37. Federal EIN AK U.I. Acct. No. 02 6001185 1 588007			
38. Give Details of How Accident Happened.				
39. Was Accident Caused by Failure of a Machine or Product?	40. Were Mechanical Guards or Other Safeguards Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	41. Name Machine, Substance, or Object Which Directly Injured Employee	42. If Mechanical, Specifically What Part?	
43. Name and Addresses of Witnesses		44. If the Accident Was Caused by Anyone Besides Employee, Give Name and Address		
45. Dependents (name and address in case of death)				
46. If you Doubt Validity of Claim, State Reason (complete Supervisor's Report if necessary, and describe in detail)				
47. Signature of Authorized Employer Representative		48. Title		49. Date Signed / /

WARNING TO EMPLOYEES AND EMPLOYERS: Penalties for fraud or misleading statements. A person who knowingly makes a false or misleading statement that adversely affects another person, is guilty of deception as defined in AS 11.46.180, and may be punished as provided in AS 11.46.120-150.

Instructions: Complete the Original and make 4 copies.

Distribution: Original – Workers' Compensation Board

Copy – Risk Management

Copy – Adjuster

Copy – Employer

Copy – Employee

TO THE EMPLOYER

This form must be completed and mailed immediately and in no case later than **ten (10) days** after you have knowledge that your employee has been injured or claims to have been injured while working for you. Be certain to mail the Original Blue Copy to the Alaska Workers' Compensation Board within the 10-day requirement.

"Injury" means accidental injury or death arising out of and in the course of employment and an occupational disease, illness, or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury.

"Injury" does not include **mental injury** caused by stress unless it is established that (A) the work stress was extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment, and (B) the work stress was the predominant cause of the mental injury. A mental injury is not considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer.

Failure to file this report within the required time may subject you and/or your insurer to a penalty equal to 25 percent of the amount of compensation due plus interest to the injured worker.

If you believe the employee will be unable to work for more than three days because of injury, be certain to complete items 31, 32, 33, and 34, or contact the adjuster and provide information about employee's earnings.

Original Alaska Workers' Compensation Board
P.O. Box 25512
Juneau, AK 99802-5512

Copy Alaska Division of Risk Management
P.O. Box 110218
Juneau, AK 99811-0218

Copy The Adjusting Service listed in the State of
Alaska Claims Manual

Copy For department's administrative personnel file.

Copy Employee

OSHA REQUIREMENTS

Report industrial deaths and accidents to the Division of Labor Standards and Safety. Alaska Statute 18.60.058 requires employers to report to the Division of Labor Standards and Safety an employment accident which is fatal to one or more employees or which results in the overnight hospitalization of one or more employees. The report, which must be made immediately, but no later than 24 hours after receipt by the employer, of information that the accident has occurred, must relate the circumstances of the accident, the number of fatalities, and the extent of the injuries.

**ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD
FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS
AVAILABLE FOR PUBLIC REVIEW AND COPYING.**

STATE OF ALASKA REPORT OF OCCUPATIONAL INJURY OR ILLNESS

AWCB Case Number

EMPLOYEE: Answer ALL questions 1-20. Follow instructions on Pages 3 and 5.

1. Last Name First Name Initial			2. Telephone Number		3. Date of Birth / /		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F		5. Social Security Number		
6a. Mailing Address				7a. Residence Address (Do not use P.O. Box; this must be your residence address)							
6b. City State ZIP Code			7b. City State ZIP Code								
8. City, Town, Village where injury occurred				9. Date & Hour of Injury or Exposure to Disease Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				10. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Full Name and Address of Attending Physician City State ZIP Code				12. Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Name and Address of Hospital City State ZIP Code					
14. Type of Injury or Illness and Part of Body Injured <input type="checkbox"/> Left <input type="checkbox"/> Right				15. Describe How the Injury or Illness Happened (Be specific)							
16. Employee's Signature (If not available, explain)											17. Date Signed

EMPLOYER: Answer questions 18-49. Carefully follow instructions on Page 2.

18. Department Code Division/Location Code		19. Region (if applicable)	
20. Mailing Address (street and number) City State ZIP Code Telephone		21. Name of Insurer: State of Alaska Self Insurance Program	
23. Date Employer First Knew Injury was Work-Related / /		24. Time Employee Left Work Date / / Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
25. Will Injury Result in Lost Time Beyond Date of Accident?		26. Date Returned to Work	
27. Death <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Mailing Address (street and number) City State ZIP Code Telephone	

EMPLOYEE: READ AND FOLLOW THE INSTRUCTIONS BELOW

DECLARE YOUR MARITAL STATUS AND THE NUMBER OF YOUR ACTUAL DEPENDENTS ON THE INJURY DATE. "ACTUAL DEPENDENTS" MEANS THE EXEMPTIONS YOU WOULD BE ABLE TO CLAIM IF YOU WERE FILING YOUR INCOME TAX RETURN.

1. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED, SPOUSE'S FULL NAME _____				Enter number of boxes checked in (a) and (b)	
2. DEPENDENTS:					
a. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 OR OVER <input type="checkbox"/> BLIND					
b. <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 OR OVER					
BLIND					
c. <input type="checkbox"/> List first names and birthdates of your dependent children who live with you: _____				Enter number of children listed	
d.					
Other Dependents (1) Name		(2) Relationship		(3) Do you provide more than 1/2 of dependent's support?	
Always check the box labeled "Yourself." Check other boxes if they apply				Enter number of other dependents	
e. Total Number of Dependents Claimed.....				Add numbers entered in boxes	
Employee's Signature				Date	

**EMPLOYEE: IF YOU LOSE MORE THAN 3 DAYS FROM WORK AS A RESULT OF THIS INJURY,
READ the instructions on Page 4
Complete Pages 3 and 4 – send them to the Adjuster
TO THE EMPLOYEE**

IF YOU BELIEVE THAT YOU WILL NOT BE ABLE TO WORK FOR MORE THAN THREE (3) DAYS BECAUSE OF YOUR INJURY, IMMEDIATELY FILL OUT THE FORM BELOW AND SEND IT TO THE ADJUSTING SERVICE COMPANY OR YOUR DEPARTMENT'S HUMAN RESOURCES MANAGER FOR FORWARDING TO THE STATE'S ADJUSTING SERVICE.

Check the BOXES which are true for you. Attach wage stubs or records about your earnings as indicated, including deferred income, employer-provided room and board, and employer contributions to a qualified pension or profit-sharing plan.

1. ☐ When injured, I was a seasonal/temporary worker. ATTACH EARNING RECORDS FOR ALL WORK FOR THE CALENDAR YEAR IMMEDIATELY BEFORE THE INJURY.

IF YOU CHECKED BOX NUMBER ONE ABOVE, SKIP TO NUMBER FIVE (5) BELOW.

2. ☐ I was employed less than 13 calendar weeks immediately before the injury. YOU DO NOT NEED TO ATTACH EARNING RECORDS.

3. ☐ I was employed 13 calendar weeks or more immediately before the injury.

- a. ☐ When injured, my wages were calculated by the:
☐ Week ☐ Month ☐ Year

ATTACH EARNING RECORDS IF YOU WORKED FOR MORE THAN ONE EMPLOYER.

- b. ☐ When injured, my wages were calculated by the day, hour, or output. IF YOU WERE EMPLOYED 13 WEEKS OR MORE, ATTACH EARNING RECORDS FOR YOUR MOST FAVORABLE 13 CONSECUTIVE CALENDAR WEEKS WITHIN THE 52 WEEKS IMMEDIATELY BEFORE YOUR INJURY.

4. ☐ When injured, my wages or the basis for my pay had not been set. ATTACH INFORMATION ABOUT THE USUAL WAGE FOR SIMILAR SERVICES.
5. ☐ When injured, I was employed by two or more employers.
6. ☐ When injured, I was a minor, apprentice, or trainee in a formal training program.
7. ☐ I was injured working as a volunteer ambulance attendant, volunteer police officer, or volunteer fire fighter.
8. ☐ I was injured before September 4, 1995.

ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING.

TO THE EMPLOYEE

Obtain first aid or medical treatment immediately. Ask your doctor to mail a "Physician's Report" (07-6102) to the state's claims adjuster and the Workers' Compensation Board.

Notify your employer about your injury. Complete the "EMPLOYEE" section, questions 1-20 of this form.

The following is applicable to injuries which qualify medically as requiring time off from work or which result in a disability:

If you, your employer, and your doctor promptly file reports, there should be no delay in payment of compensation. You will not be paid for the first three (3) days of the disability unless your disability lasts more than 28 days. The first installment of compensation becomes due on the 14th day after the employer has knowledge of the injury, illness, or disease. After the first payment, you should get a check every two weeks while you are disabled. If you have not received payment within 21 days from the date you were injured, contact the adjuster first. If you have any questions or problems, contact the Workers' Compensation office nearest you.

If you believe your work-related injury will keep you from returning to your job at the time of injury and you believe that you may need retraining, you should seek assistance and information about reemployment or retraining programs from the Alaska Division of Personnel or from your department Human Resources Manager. You may also contact the Workers' Compensation Division at:

Alaska Workers' Compensation
Division Offices:

Division of Labor Standards and
Safety Offices:

Anchorage:

3301 Eagle Street, #304
P.O. Box 107019
Anchorage, AK 99510-7019
(907) 269-4980

3301 Eagle Street, #301
P.O. Box 107022
Anchorage, AK 99510-7022
(907) 264-4900

Fairbanks:

675 Seventh Avenue, Station H2
Fairbanks, AK 99701-4586
(907) 451-2889

Juneau:

1111 West 8th Street, #307
P.O. Box 25512
Juneau, AK 99802-5512
(907) 465-2790

1111 West 8th Street, #304
P.O. Box 21149
Juneau, AK 99802-1149
(907) 465-4842

**ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD
FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS
AVAILABLE FOR PUBLIC REVIEW AND COPYING.**

STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property _____

Job or Activity at Time of Accident _____ Date of Accident _____

Exact Location _____ Time _____

1. WHAT HAPPENED? _____

Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. WHY DID IT HAPPEN? _____

Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.

OPERATION FACTORS TO BE CONSIDERED:

<i>Proper Equipment</i>	<i>Proper Material</i>	<i>People</i>
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. WHAT SHOULD BE DONE? _____

What action(s) will prevent similar accidents in the future?

4. WHAT HAVE YOU DONE THUS FAR? _____

Take or recommend action, depending on your authority.

5. HOW WILL THIS IMPROVE OPERATIONS? _____

How will it help us meet our objective – ACCIDENT PREVENTION?

6. WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?

Cost of lost wage and medical expenses?

Damage to State property or equipment?.....

Damage to third parties, property and people?.....

TOTAL

Investigated By _____ Date _____

Unit/Division/Department _____

FORMS\INVESTIG

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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Signature
cc: CAIHC medical records

Date

Contract Health Services Witness



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PERFORMANCE EVALUATIONS & DISCIPLINE

All personnel on assignment will abide by the rules, regulations, policies, safety practices, and instructions from supervisors; respect the rights of fellow workers; and properly care for government and personal property. Review of violations and actions, if necessary, will be done by local supervisors and/or management. Home Area/Region management will follow-up with further investigation, review, termination of emergency employment, or discipline as required.

An evaluation will be prepared for all State personnel, crews and non-crew EFF assigned to an incident, mobilization base, dispatch or logistics office, or elsewhere. These evaluations are confidential and should be treated as such.

State personnel should make every effort to obtain a performance evaluation when on any assignment.

Evaluation Forms

EFF Crews

Prior to release from an assignment, Type 1 and 2 EFF crews and Superintendents/Crew Bosses will be evaluated for that assignment by the immediate off-crew supervisor using the Crew Performance Rating (refer to ICS Form 224 at the end of this chapter). An evaluation should be a thorough, accurate, and fair reflection of an EFF crew's performance in all aspects for the entire period of their assignment.

The guideline for Type 1 and Type 2 Crew evaluation is found in the current Alaska Emergency Firefighter Type 2 Crew Management Guide. Supervisors will read and follow Chapter VII, Crew Evaluation of this Guide before completing any evaluations to ensure they are using established procedure. However, ICS Form 224, Crew Performance Rating shall be used for both Type 1 and 2 crew evaluation. In Section VII.C.3., the term "contractor" is substituted for "governing body" in the case of a contract crew. The term "crew boss" means, "crew superintendent" in the case of a Type 1 crew.

Non-Crew EFF

When a non-crew EFF completes an assignment, changes supervisors, or leaves for the season, an EFF Non-Crew Performance Rating (refer to DOF Version ICS 226 at the end of this chapter) shall be completed.

The basis for non-crew evaluation is similar to Type 1 and 2 EFF Crew evaluation, as found in the current Alaska Emergency Firefighter Type 2 Crew Management Guide. Supervisors will read and follow Chapter VII, Crew Evaluation of this Guide before completing any evaluations. However, ICS Form 226, EFF Non-Crew Performance Rating shall be used. Throughout Chapter VII, references to "crew" and "governing bodies" do not apply.

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In some geographical areas, evaluations are not completed unless an employee's performance is outstanding or deficient. Nevertheless, employees should make every effort to obtain a performance evaluation for every assignment.

If the supervisor is unable to discuss the evaluation with the employee before their departure from an assignment, the Incident Commander will ensure the employee receives an opportunity to discuss the rating and respond to any issues in writing.

Government Employees

All government personnel shall be evaluated using the Incident Personnel Performance Rating (see ICS Form 225 at the end of this chapter).

Routing

When EFF crew/individual evaluation is complete it will be routed as follows:

- One copy will be given to the Crew Superintendent, Crew Boss, or individual prior to release.
- One copy will be given to the incident's Plans function, if applicable, or the administrative unit in charge of the assignment.
- The Forestry office in charge of the assignment will review the evaluation for completeness and any deficient rating(s)*, and forward the evaluation to the home Area/Region of the crew/individual as soon as practicable. EFF Crew evaluations will be sent to the crew's local governing body or contractor as soon as possible.
- A copy of State government employee evaluations will be forwarded to the State Training Officer for input into the ICS Qualification and Certification System.
- Evaluations for EFF crews or individuals will be maintained by the home Area/Region as part of the crew's/individual's record. Evaluations will be reviewed and used for determining effectiveness and performance.

** When a "deficient" rating is noted, the home Area/Region will be notified at the earliest opportunity by either the Incident Plans Section, the Incident Commander, or the administrative unit in charge of the incident.*

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EFF Conduct and Discipline

The basis for conduct and discipline for non-crew EFF, Type 1 Crews, and Type 2 Crews, is found in the 2000-2001 Alaska Emergency Firefighter Type 2 Crew Management Guide, Chapter V. It is the intent of Forestry to ensure all EFF are held to the same standard of conduct, discipline and appeal rights.

Throughout Chapter V of the 2000-2001 Alaska Emergency Firefighter Type 2 Crew Management Guide, the term “crew boss” shall refer to “crew superintendent” in the case of Type 1 crews, and does not apply in the case of non-crew EFF. References to “village” do not apply in the case of non-crew EFF, and may not apply to Type 1 crews as applicable. The term “EFF crew” does not apply to non-crew EFF.

Government Employees Conduct and Discipline

It is the intent of Forestry that all government employees are held to the same standard of conduct as EFF. However, union agreements, personnel rules, and Human Resources’ direction cover many aspects of discipline.

Government employees can be terminated from an assignment for cause, and required to return to their home unit. The administrative unit in charge of the assignment shall forward to the home unit, any evaluations, investigations, reports, etc., done on an employee.

VEHICLE / HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST

1. INCIDENT NAME / NUMBER 2. ORDER / REQUEST NUMBER

3. OWNER / VENDOR

4. AGREEMENT, PO, CONTRACT NO. 5. EXPIRES

6. MAKE 7. MODEL, TYPE

8. SERIAL NO. / VIN 9. LICENSE NO.

Section I - Tractor, Motor Grader

		Pre-use		Release	
		Yes	No	Yes	No
1. ROPS, roll-over protection system: Manufacturer approved system secured to mainframe of tractor. Must include approved seat belts.	*				
2. Lights: mounted and working while operating					
3. Battery: check for corrosion, loose terminal, hold downs					
4. Engine running: check oil pressure, knocks and leaks					
5. Gauges: all must be working; oil, temperature, etc.	*				
6. Steering clutches: must have 3-4" free travel	*				
7. Brakes: must hold at half travel.	*				
8. Muffler and spark arrester: approved type unless turboed	*				
9. Fuel system: must be free of drips and leaks	*				
10. Cooling system: must be free of leaks	*				
11. Fan and fan belts: check for defects					
12. Engine supports, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf	*				
13. Hydraulic system: no leaks or drips					
14. Belly plate, rock and radiator guards: securely mounted	*				
15. Final drive, transmission and differential: check for dripping					
16. Sprocket and idlers: cracks in spokes, sprocket teeth sharp					
17. Tracks and rollers: grouser height under 1-1/4", loose rollers, broken flanges	*				
18. Blade, ripper, winch: operate smoothly and hold at any point					
19. Dozer and assembly: trunnion bolts missing, cracks	*				
20. Drawbar: serviceable, safe					
21. Body and cab condition: report dents and damage					

Section II - Remarks

(Describe all unsatisfactory items and identify by line number.)

10. PRE-USE INSPECTION

☐ REJECTED

MILES / HRS DATE TIME

Inspector Name Title
Print

☐ ACCEPTED

MILES / HRS DATE TIME

Vendor Signature Title

Inspector Name Title
Print

Section IV - Truck, Bus, Van, Pickup

		Pre-use		Release	
		Yes	No	Yes	No
1. DOT inspection in the last 12 months: when required *				NA	NA
2. Gauges and lights	*				
3. Seat belts	*				
4. Glass and mirrors	*				
5. Wipers and horn	*				
6. Clutch pedal: proper adjustment					
7. Cooling system: check radiator and hoses					
8. Oil level and condition: full and clean					
9. Battery: check for corrosion, loose terminals, hold downs					
10. Fuel system	*				
11. Electrical system: generator and starter working					
12. Engine running: check for knocks and leaks					
13. Transmission: check for leaks					
14. Steering	*				
15. Brakes	*				
16. 4-Wheel drive: check gear boxes, leaks					
17. Drive line U-joints: check for looseness					
18. Springs and shocks	*				
19. Differential: check for leaks					
20. Exhaust system	*				
21. Frame	*				
22. Tire and wheels (List failed position/depth in remarks)	*				
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, Item 23					
24. Emergency equipment required. Fire Extinguisher Spare Fuses Reflectors	*				
25. Operator(s) properly licensed.	*				

State License No. Class

Endorsements Med.Cert. Expire Date

Section III - Power Saw, Pump

		Pre-use		Release	
		Yes	No	Yes	No
1. Visible parts broken	*				
2. Visible nuts and bolts tight					
3. Oil in gear case and chain oiler					
4. Cutting bar: straight, chain in good condition	*				
5. Exhaust system and spark arrester	*				
6. Motor: idles evenly, runs smoothly, satisfactory power					

* Safety item - Do not accept until brought into compliance.

11. RELEASE INSPECTION

☐ NO DAMAGE / NO CLAIM
Not applicable to buses, inspection required.

MILES / HRS DATE TIME

Vendor Signature Title

Inspector Name Title
Print

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EQUIPMENT HIRING

Even while emergency conditions exist, the overwhelming majority of fire suppression procurement must be made within the guidelines of normal purchasing. The implementation of emergency procurement will occur only under extenuating circumstances. For more specific information on procurement guidelines, please see Chapter 14 – Suppression Procurement.

The main guiding documents for fire suppression procurement are:

- Suppression Component Coding Plan (Chapter 13)
- Fire Suppression Procurement Policy & Procedure (Chapter 14)

Normal purchasing guidelines include the use of Delivery Orders, Bid Abstracts, or Emergency Equipment Rental Agreements for procurement over \$1,000; Purchasing Requisitions for procurement over \$5,000; and Contract Awards.

Procurement Authority

Individuals shall only make fire suppression procurement with delegated purchasing authority. The appropriate form for delegating procurement authority is as follows:

<u>Employee Type</u>	<u>Form Used</u>
• Regular State	DNR Division Delegations of Authority (form 10.00.0031A). Forms will be submitted to the Area/Region office administration and forwarded to the Central Office Procurement for approval with copies being kept in the home unit.
• State EFF	Procurement Delegation Letter (page 8). This temporary delegation will be filed in the Area offices for Area EFF and in the Regional office for Regional EFF.

Other procurement delegations should be submitted to the Area/Region Office Administration and forwarded to Central Office Procurement.

Invoicing

All invoices for fire stores items listed in the Alaska Interagency Catalog of Fire Supplies and Equipment will be coded to the Statewide Fire Stores Procurement collocation code (CC 10310431).

All invoices for non-catalog fire items will be coded to the suppression CC (10310130) and fire number, or an operating code. Invoices coded directly to an incident number will reflect the resource order number and request (or “S”) number.

NOTHING WILL BE PROCURED AGAINST A FIRE NUMBER UNLESS A RESOURCE ORDER HAS BEEN ISSUED REQUIRING THE PURCHASE.

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The appropriate responsible person (Warehouse or Cache Supervisor, Area Forester, Shop Supervisor, Logistics Officer, or Fire Management Officer (FMO)), will provide the proper code, catalog number or resource order number, and request number as appropriate, to the accounting personnel in each office along with the invoice.

All invoices coded to the suppression component will be signed and RD coded at the Area level first, then routed through the Regional FMO for audit and final signature before submission to the Juneau fiscal office for payment. No invoice coded to the suppression component will be sent to Juneau fiscal without a Regional FMO signature on it. The Regional FMO may delegate this to another position having an established RD code.

Emergency Purchases (EMG 10999)

When extenuating circumstances require procurement outside normal purchasing guidelines and authorities, the appropriate delegated authority can make an emergency purchase. In such cases, the purchasing document or invoice will be stamped “EMG 10999”, in red, along with the proper coding.

Purchasing from GSA and NICC

Only the Division of Forestry Procurement Specialists will make purchases from GSA. The State Fire Warehouse (Fairbanks) will coordinate all GSA purchases, and will be the interface between the Division Procurement Specialist and the rest of the Division.

All orders through NICC must be done with a Delivery Order.

Rental of Land or Other Facilities

The “Agreement for Rental of Temporary Emergency Facilities/or Land Use Inspection Report,” form #10-2198 (pages 9-11), should be used when renting facilities.

The short-term rental of land, office, or warehouse space shall be on an appropriate (daily, weekly, or monthly) rate. Rental may be processed by the most appropriate method, usually by continuing offer. A joint pre- and post-inspection shall be made of the premises.

Such pre- and post-inspections shall note all improvements and conditions, including items such as fences, buildings, wells, crops, road conditions, etc. The rental documents shall indicate who will be responsible for providing services and utilities, if any are required, and whenever possible, coordinated with the Department’s Procurement Officer.

Equipment Hire

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All procurement for equipment services shall be covered by a contract/rental agreement before use. Form 10-2193 (page 17), Emergency Equipment Rental Agreement (EERA), and form 10-2197a, Rental of Equipment Conditions (pages 12-16), shall be used in place of the Interagency Forms. The Contractor and the State sign both forms.

If Emergency Equipment Rental Agreement Forms are unavailable, copy and use the form in the Alaska Incident Business Management Handbook. An agreement must be in place before any equipment is put to work.

It is usually most desirable to hire equipment with operator. The Contractor is then responsible for their own liability, maintenance, and damage in most cases. This relieves the State of most of the liability associated with the operation of the equipment and resulting damage claims. It is essential to ensure the operator provided with equipment is not also being paid as an Emergency Firefighter.

Rental Cars

The State has a Contract Award for rental cars with Budget. This vendor must be contacted first when ordering vehicles. If the Contract Award Vendor cannot fill the order, any other vendor may be solicited for the necessary vehicles. Decline insurance coverage when renting a vehicle from a commercial car rental agency, as the State is self-insured.

Solicitation of Rental Agreements

The Area and Regional Logistics offices will contract with vendors to provide equipment using the EERA, and will use appropriate efforts in providing public notice to solicit bids/offers for the services expected.

Public Notice of an invitation to bid/offer: Except for small purchases made under 2AAC 12.400, notice for a possible procurement shall also be published in the Alaska Administrative Journal as required by AS 36.30.130(a) and by at least one of the following methods:

- In mailings to those on contractor lists compiled under 2AAC 12.060
- In a newspaper of general circulation
- In a newspaper of local circulation in the area pertinent to the procurement
- In other appropriate media

Emergency Equipment Rental Agreement, Form 10-2193

The EERA used to be called a Continuing Offer. The term “Offer” is still commonly used in equipment rental and is used in this section.

It is important to realize that unless agreed to, the State and national standard is to **not** pay Standby as a separate unit of pay. Pay is earned through the Daily Rate and Special Rate, or through the Work Rate, Special Rate, and the Minimum Daily Guarantee (MDG). Standby is covered by the MDG.

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If there are any circumstances that arise that are not covered in the EERA or Conditions of Hire, negotiation must take place to agree on the price for that specific service. One example might be when a piece of equipment is originally offered with one operator. If a second operator is required, a rate must be negotiated to cover the second operator and recorded on the EERA. A second example might be a negotiated trip rate which will differ for each event. Negotiated offers should be recorded on the EERA.

The Equipment Rental Rate Guidelines for equipment commonly hired for fire suppression work are found in this chapter. The Alaska Interagency Fireline Handbook (Handy Dandy) will have the rate guidelines as well. These are guidelines, and there will be situations where contractors will demand and receive more than the listed amount, such as in remote locations. Expensive hires should be replaced with more reasonable hires as soon as possible.

Liability Insurance

In general, contractors who rent equipment with operator must carry adequate liability insurance to protect the Contractor and the State from loss arising from the performance for an order for service. Proof of insurance should be available within each piece of equipment and presented upon demand when requested by a representative of the State. During any solicitation of EERAs, contractors should be asked to provide proof of insurance, including worker's compensation, if applicable, when they offer equipment and vehicles with operator. A copy should be made for the vendor files.

There are situations, however, when the State must hire contractor's equipment with operator who cannot show proof of, or who does not carry, liability insurance. Contractor equipment hired without operator does not require liability insurance.

Hiring of equipment with operator from vendors who cannot show proof of insurance should be limited to emergency situations only when properly insured vehicles and equipment are not available. Insured equipment with operator should replace hired uninsured equipment to reduce the State's liability as soon as practical. If it is apparent that no insured alternative is available, or reasonably expected to be available, then serious consideration may be given to hire the owner as an EFF Motor Vehicle Operator and the equipment hired separately. EFF hires may be the only alternative in rural areas where it is expected that insured equipment will be less available than uninsured equipment. Where incident needs demand the use of personal use vehicles and non-commercial equipment, it is most appropriate to hire the operator and equipment separately. If the owner is hired as EFF, the owner should NOT be paid the full rate as shown in the AIBMH for the equipment.

The Contractor is required to show proof of:

- All necessary licenses and permits required by state and federal regulations
- Adequate liability insurance, when hired with operator (minimum of \$300,000 combined single limit per occurrence, however for passenger carrying buses, the minimum amount of liability insurance is

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\$1,000,000.00 combined single limit per occurrence) suitably protecting the Contractor and the State against potential losses arising out of performance of an order for service, and

- Worker's Compensation when equipment is hired with operator, and is not owner-operated

When equipment **must** be hired with operator, but the Contractor **cannot** show proof of liability insurance or Worker's Compensation coverage, the following must occur:

- Specifically ask for proof of insurance
- If proof cannot be shown, decide if the equipment is essential to the mission
- Document the decision and reasoning to hire the equipment with operator
- If reasonable, replace the equipment as soon as practical with properly insured equipment
- **Insured equipment with operator must be hired before uninsured equipment and vehicles, even if it costs more**

Rental of Equipment Conditions

The latest version of the State of Alaska Emergency Equipment Rental Agreement and Rental of Equipment Conditions shall be applied and enforced for the hire of contractor-provided equipment.

Activation of Agreements

All equipment services must be covered by an Emergency Equipment Rental Agreement. Structure Fire Department apparatus must be covered by the SFD Fire Apparatus Agreement (see Chapter 12).

All equipment used for support of fires and for high fire danger **will always** be ordered through Area or Region dispatch/logistics via a Resource Order. If a piece of equipment is hired at the fire scene, a Resource Order number must be obtained, for initial or extended attack fires.

Vendors may be contacted verbally or in writing and ordered to report to work. Rates will not be changed while equipment is under hire except by mutual consent of both the owner/agent and the State officer in charge. Pay status starts when the equipment departs the point of hire, except for equipment that must be transported.

All equipment must be inspected **BEFORE** and **AFTER** use, utilizing form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist (page 20) if possible. If not possible, look the equipment over in as much detail as possible and note any damage or abnormalities on a piece of paper. Have contractor sign the inspection form.

Buses designed to carry 16 or more passengers, including driver, are often hired by fire suppression agencies. Because they have large liability potential, they should always be hired with operator. The contractor must show a current liability insurance policy with a minimum amount of \$1 million combined single limit per occurrence, and the driver must show a current and appropriate CDL.

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Class A (P) and B (P) CDL holders can operate buses 26,001 or more Gross Vehicle Weight (GVW) provided they have an “M” restriction. They can operate a bus under 26,001 GVW with an “N” restriction. Class C (P) CDL holders can operate buses under 26,001 GVW.

Although 16-passenger capacity is the legal cut-off for vehicles requiring a CDL, it is recommended that all EFF hired as vehicle operators possess a CDL.

Both State and federal regulations do not permit hiring equipment from a regular employee. Hiring of equipment from an EFF or regular State employee can only be done when it can be justified in extreme cases, and no other equipment of the type/kind resource ordered can be found.

Vehicle/Heavy Equipment Safety Inspection Checklist (Form OF-296, rev. 4/2000)

All equipment will be inspected at **SIGN-UP** and **RELEASE**, utilizing form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist (page 20). It may be used pre-season, but another inspection must be done at sign-up. Once hired, a vehicle is under the control of the State and will not be allowed to “go home” at the end of the day or shift, except for those paid on an hourly rate.

Always sign, date, and note the time of inspection. The time can be important when reconstructing start or end times if conflicts exist.

Completeness and accuracy in filling out equipment forms are critical, especially if claims for damage occur. Be sure to note in remarks anything that is not covered elsewhere in the inspection checklist.

If personnel are unfamiliar with equipment inspection, consider resource ordering an Equipment Manager (EQPM).

Always write the resource order number (“E” number) on the inspection checklist.

If at the time of release the owner/agent waives all claims for damage, a release inspection does not have to be done. The statement “No damage-no claims” may be written on the inspection checklist and signed by the vendor.

Equipment Timekeeping and Payment

Daily shift times will be kept on form OF-297 Emergency Equipment Shift Ticket (page 18).

Form OF-286 Emergency Equipment Use Invoice (page 19) will be used as the payment invoice. When using a rental vehicle from an established agency, the rental invoice may be used as the billing document. Shift tickets do not need to be done for rental vehicles.

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Upon release of equipment, the following documents will be forwarded to the Area Forester, then the Regional FMO, for signatures and processing:

- Original form OF-286 Emergency Equipment Use Invoice
- Copy of form 10-2193, Emergency Equipment Rental Agreement
- Two copies of form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist; one copy of the pre-use inspection, and one copy of the release inspection
- The pink copy of form OF-297, Emergency Equipment Shift Ticket, pertinent to the time of hire
- A copy of the resource order
- Routing of contract copies should be made as designated on the bottom of the contract

Structural Fire Department (SFD) Apparatus

See Chapter 12.

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State of Alaska

Department of Natural Resources
Division of Forestry
Northern Regional Office

FRANK H. MURKOWSKI, GOVERNOR

3700 Airport Way
Fairbanks, Alaska 99709-4699
Phone: (907) 451-2660
Fax: (907) 451-2690

To Whom It May Concern:

The individual named below is temporarily delegated procurement authority by the Division of Forestry for wildland fire emergencies.

The individuals' procurement authority is limited to the purchase or acceptance of emergency commodities and services for ongoing fire suppression operation and necessary emergency rehab due to fire activity. This delegation is valid only from the period ____ / ____ / ____ to ____ / ____ / _____. It may expire no later than September 30 of the current year.

In exercising this authority, the person may not accept favors from vendors or participate in any action, which would personally benefit the individual. Additionally, if there are potential conflicts of interest, the individual must immediately notify the person authorizing this delegation. Violation of these conditions may be grounds for termination of employment.

This delegation is specifically limited to the following action and limits:

Action	Limitations
Pick up and sign for supplies and materials from vendors	
Making local purchases	
Hire equipment or services from existing offers on files	
Establish new continuing offers-Equipment rental and rate guidelines are contained in the State Procurement section of the IBMH	

Additional Condition(s) or Restrictions:

I have read and understand the above conditions and limits:

Signature: _____ Date: _____

Delegated by the Area Forester or Regional Fire Management Officer

Signature: _____ Date: _____

Printed Name: _____

Cc: DNR Procurement Officer

"Develop, Conserve, and Enhance Natural Resources for Present and Future Alaskans."

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Resource Order No. _____
Fire No. _____

State of Alaska
Department of Natural Resources
Division of Forestry

AGREEMENT FOR RENTAL OF TEMPORARY EMERGENCY FACILITIES OR LAND USE
THIS FORM IS ONLY AUTHORIZED FOR USE DURING EMERGENCY FIRE SUPPRESSION
OPERATIONS

The owner of the property described herein, or the duly appointed representative of the owner, agrees to furnish the facilities to the Department of Natural Resources for use as:

This agreement shall remain in effect during the period from date of signature by parties until _____

DESCRIPTION OF FACILITIES:

RATE: For each day, or portion thereof, that the facilities are used, the Department will pay the sum of \$_____. Said sum shall include all utility charges for which the owner would be liable. Said sum shall include all utility charges for which the owner would be liable. Payment will be due 30 calendar days after the termination of the emergency.

ORAL STATEMENTS: oral statements or commitments supplementary to, or contrary to, any provisions of this Agreement shall not be considered as modifying or affecting the provisions of this Agreement.

ALTERATIONS: The Department may make alterations, attach fixtures or signs, and/or erect temporary structures in or upon the facilities, all of which shall be the property of the Department. Any arrangements for permanent alterations will be made a part of this Agreement prior to the State making these changes unless the owner is not available and there is an immediate threat to life or property.

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FORM 10-2198 – Page 1 of 3

Resource Order No. _____

Fire No. _____

JOINT FACILITIES USE INSPECTION REPORT

PRE-USE INSPECTION:

Owner (Agent)
Signature: _____

Title: _____

Date: _____

Department
Signature: _____

Title: _____

Date: _____

POST-USE INSPECTION:

Owner (Agent)
Signature: _____

Title: _____

Department
Signature: _____

Title: _____

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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

Date: _____

Date: _____

Page 2 of 3

Resource Order No. _____
Fire No. _____

CONDITION REPORTS: A joint pre- and post-use physical survey and inspection report of the facilities shall be made and signed by the parties. The purpose of the inspections shall be to reflect the site conditions existing at those times.

LOSS, DAMAGE, OR DESTRUCTION: The Department will assume no liability for the loss, damage, or destruction of facilities furnished under this Agreement, provided that no reimbursement will be made for loss, damage, or destruction when due to (1) ordinary wear and tear, or (2) the fault or negligence of the owner or the owner's agent(s).

RENTER (owner or Owner's Agent)

State of Alaska
DNR, Division of Forestry

BY: _____

BY: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

NAME: _____

NAME: _____

STREET
ADDRESS: _____

STREET
ADDRESS: _____

DAYTIME PHONE: _____

DAYTIME PHONE: _____

NIGHT: _____

NIGHT: _____

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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FORM 10-2198 Page 3 of 3

**State Of Alaska
Emergency Equipment Rental Agreement
Rental of Equipment Conditions**

The State of Alaska, Department of Natural Resources, or any agency of the State of Alaska in an emergency response, will be referred to as "State" in this document.

Scope of Work - The purpose of the Emergency Equipment Rental Agreement (EERA) (Form 10-2193) and these Rental of Equipment Conditions (Form 10-2197a) is to secure the services of contractor-provided equipment and vehicles for use in the State's response to emergency situations. Normal use of equipment and vehicles is under rough and demanding conditions. Contractors are encouraged to maintain physical damage and theft insurance for losses other than loss due to the State's negligence.

1. Issuance of Orders - Upon acceptance of an order for service, a binding contract between the Contractor and the State is created incorporating the terms of the EERA and these Rental of Equipment Conditions. The Start of the rental period will be agreed upon at the time of the order for service. Each service call will be documented on an Emergency Equipment Use Invoice, OF-286. The Contractor agrees that such forms may be signed by his operator as his duly authorized representative for the purpose of certification as to the number of hours or other units of pay earned. The Contractor or operator(s) must sign the Emergency Equipment Use Invoice document at the time of release from work.

2. Reporting for Service - The Contractor is responsible for delivering equipment to the State in good and safe operating condition and will be subject to pre-use inspection. If equipment is not ready for operation when it arrives for work, the State may refuse to accept it. If equipment is rejected, the State will not pay transportation costs. The Contractor warrants that all equipment meets state and federal safety regulations and standards. The operator(s), if furnished by the Contractor, shall report to a State official at the incident base camp or other designated reporting station at outset of the rental period so equipment can be logged in, inspected and time records started. The operator(s) shall keep a copy of the Emergency Equipment Rental Agreement with the equipment.

3. Transportation of Equipment - Equipment will be transported at State expense from point of hire to the site of work and, at the option of the Contractor, returned to the location from which it was picked up or a nearer destination, except as otherwise provided in condition 2 above. If the State uses Contractor's hauling equipment to transport equipment to the work site and such hauling equipment is not already covered by an EERA, it is agreed that the haul rate will not exceed the State's Equipment Rental Rate Guidelines.

4. Operating Supplies - Operating supplies include fuel, oil, lube, filters, and lube/oil changes. Unless otherwise specified in the EERA, the Contractor will furnish lubricants, all

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fuel and all other operating supplies normally needed to operate equipment.

5. Time Keeping - Time will be recorded by a State agent responsible for ordering and/or directing use of each piece of equipment on an Emergency Equipment Shift Ticket, Optional Form 297. Time will be recorded on the Equipment Use Invoice as follows:

- A. **Hourly** rate from Column 13 on the EERA - nearest quarter-hour.
- B. **Monthly, Weekly, or Daily** rate from Column 13 on the EERA - by calendar day except for first and last day, which will be recorded to nearest quarter hour.
- C. **Per Mile Special** rate from Column 14 on the EERA - nearest mile.

6. Payments - Rates of payments - Rates for equipment hired with operator(s) includes all operator(s) expenses except as noted in condition 15. Payment for equipment will be at rates specified on the Emergency Equipment Rental Agreement, Form 10-2193. While the vendor may agree to an Equipment Use Invoice that is incorrect by signing it, the State retains the right to correct mathematical errors to bring the invoice into contractual compliance.

A. **Hourly Rate:** Column 13 (EERA) shall apply when equipment is under hire and on shift as ordered by the State, including relocation of equipment under its own power, except when equipment is held in ground support, a staging area, Incident Command Post, area office or designated parking area, or is being transported by means other than under its own power. Under such exceptions however, the equipment is subject to the Minimum Daily Guarantee (6.D.). For time the equipment and/or operator is inoperable or unavailable during a scheduled shift, the equipment will not be considered "on shift" for pay purposes.

B. **Daily Rate:** Column 13 (EERA) payment will be made on basis of calendar days (0001-2400). For fractional days at beginning and ending of time under hire, payment will be based on 25 percent of the daily rate for each six hours or fraction thereof that equipment is under hire. If either the equipment or operator is inoperable or unavailable to work when needed in any calendar day (down time), the following payment for that day applies:

less than two hours down time, 100% of the daily rate is paid; two to less than six hours of down time, 75 per cent of the daily rate is paid; six to less than twelve hours of down time, 50 per cent of the daily rate is paid; twelve to less than eighteen hours of down time, 25 per cent of the daily rate is paid; eighteen or more hours of down time, 0 per cent of the daily rate is paid.

C. **Special Rates:** Column 14 (EERA) shall apply when an additional rate is charged in addition to the Hourly, Daily or Weekly rate (column 13) for the same piece of equipment. An example is a daily rate and mileage rate.

D. **Minimum Daily Guarantee** - Column 15 (EERA) applies to equipment hired under an Hourly Rate, or Hourly Rate and Special Rate, or Special Rate only (example - loaded mile), as follows:

(1) On a given day, the State will pay either the amount due as a result of Hourly and/or Special Rate, or the Minimum Daily Guarantee, subject to (3) below, whichever is greater.

(2) Transport equipment is eligible for the Minimum Daily Guarantee, on a day-to-

**ALASKA DEPARTMENT OF NATURAL RESOURCES
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day basis, when such equipment is required by the State. Transport equipment kept on-scene for Contractor convenience only, is not eligible for the Minimum Daily Guarantee.

(3) Applying the Minimum Daily Guarantee (Column 15):

(a) The Minimum Daily Guarantee applies **ONLY** to equipment hired under the Hourly Rate, Hourly and Special Rate, or Special Rate only.

(b) Subject to (3)(c) below on the first and last days, the full Minimum Daily Guarantee will apply if the travel to the work site begins before noon on the first day or travel from the work site terminates after noon on the last day. Otherwise, one-half the Minimum Daily Guarantee will apply. If the first and last day of hire is the same day, the full Minimum Daily Guarantee will apply if travel to the work begins before noon and travel from the work site terminates after noon. Otherwise, one-half the Minimum Daily Guarantee applies.

(c) If either the equipment or operator is inoperable or unavailable, the following guarantee provisions apply: less than two hours down time, full Minimum Daily Guarantee applies; two to less than six hours down time, 50 per cent of the Minimum Daily Guarantee applies; six or more hours down time, the Minimum Daily guarantee does not apply.

E. In those cases where the equipment or operator is inoperable or unavailable because of the State's fault or negligence, the State will negotiate a reasonable settlement with the contractor. In no case shall the State pay more than the fair market value of the equipment.

7. Repairs - Repairs to equipment shall be made and paid for by the Contractor. The State may, at its option, elect to make such repairs when necessary to keep the equipment operating. The cost of such repairs will be deducted from payment to the Contractor on the Equipment Use Invoice.

8. Loss, Damage or Destruction: The State will only reimburse the Contractor for the costs of loss, physical damage or destruction arising directly from the negligence of the State's employees. The State's liability is limited to the lesser of the actual repair costs or prevailing market value. The State is not responsible for indirect damages such as loss of use or lost profits. No compensation will be paid for normal wear and tear.

9. Permits - The Contractor is responsible for obtaining at his own expense, carrying a copy of, and showing proof at the time of hire, all necessary licenses and permits required by state and federal law and regulations.

10. Accessories Required for Off-Road Vehicles - The Contractor shall provide one five-lb., functional ABC-type fire extinguisher, one tool box with suitable tools for equipment repairs, overhead cab (ROPS), choker chain or winch with cable, and other accessories required for safe operation.

11. Accessories for Highway Vehicles - Legal Highway vehicles must have the following: Seat belts for all occupants; five-lb. fire extinguisher, matching spare tire mounted securely, three emergency reflectors, jack that can lift the vehicle's legal load, and placard signs on all four sides of vehicles where required.

12. Termination for Convenience - A State officer may terminate the order for service at

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any time. When the order for service is so terminated, the State shall be liable only for payments in accordance with payment provisions of these Rental of Equipment Conditions for services rendered prior to the effective date and time of termination.

13. Custody - If the Contractor provides the operator(s), equipment should remain in the operator's custody during the entire period of use. If equipment is furnished without an operator, and is accepted by the State, it comes into and remains in custody of the State until it is returned

to the Contractor. During such time the State, as bailee, will exercise ordinary prudence and diligence in the use and care of the equipment.

14. Hold Harmless - The Contractor shall indemnify, save harmless and defend the State, its officers, agents and employees from all liability, including costs and expenses, for all actions or claims resulting from injuries or damages sustained by any person or property arising directly or indirectly as a result of any error, omission or negligent act of the contractor, subcontractor or anyone directly or indirectly employed by them in the performance of this agreement.

All actions or claims, including costs and expenses resulting from injuries or damages sustained by any person or property arising directly or indirectly from the Contractor's performance of this agreement, which are caused by the joint negligence of the State and the Contractor, will be apportioned on a comparative fault basis. Any such joint negligence on the part of the State must be a direct result of active involvement by the State.

Additional Conditions For Rentals With Operator

15. Meals and Bedding - If a State subsisted incident camp is established, meals and bedding for Contractor's operator(s) may be furnished equivalent to that provided to other state and/or federal employees assigned to the incident without additional charge at the discretion of the State.

16. Performance and Direction of Work - The operator has status of an employee of the Contractor and is responsible at all times for the care and safe, efficient operation of equipment and may refuse to work in a situation exceeding operator(s) ability or that of the equipment. The operator must possess all necessary, valid driver's licenses and any other certifications. The operator receives work assignments from, and performs work under, general direction of State personnel. The State may request removal and replacement of any operator(s) who, in the State's judgment, is incompetent, careless or otherwise objectionable.

17. Equipment Servicing - The term servicing shall include servicing the equipment with fuel, lubricants and other operating supplies. It is the responsibility of the operator to determine that the fuel used is the proper fuel for the equipment being serviced. The operator is responsible for all equipment servicing, lubricants, filters, and parts to maintain the equipment in serviceable condition.

18. Tools, Spares and Accessories - The operator is responsible at all times for tools, spares, and accessories belonging to himself or the Contractor, and shall secure them in the equipment, if possible. Items, which cannot be so secured, may be placed in a State designated storage area. In such cases the State, as bailee, will be responsible for exercise

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of ordinary care and diligence, and will be responsible for any loss or damage to such items resulting from the State's fault or negligence.

19. Worker's Compensation - The Contractor shall carry and maintain, for all employees engaged in work under this agreement, coverage as required by AS 23.30.045.

20. Liability Insurance - The Contractor must carry adequate liability insurance to protect the Contractor and the State from loss arising from the performance for an order for service. The minimum amount of liability insurance is \$300,000.00 combined single limit per occurrence, however for passenger carrying buses, the minimum amount of liability insurance is \$1,000,000.00 combined single limit per occurrence. Proof of insurance must be available within each vehicle and presented upon demand when requested by a representative or agent of the State.

The Contractor will be responsible for all damages to property and to persons, including third parties that occur as a result of Contractor or Contractor's agent or employee fault or negligence. The term "third parties" is construed to include employees of the State.

I certify that I have read and agree to the "Rental of Equipment Conditions" contained on this form. This form supersedes all previous versions which may be referred to in Block 16 of Form 10-2193 Emergency Equipment Rental Agreement.

Contractor's/Authorized Agent's Signature

Date

Printed Name and Title

Company Name

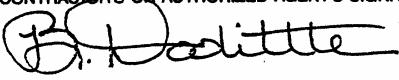
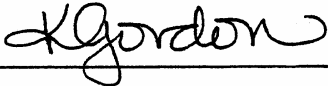
Form 10-2197a (Revised March 31, 2003) All previous editions should be destroyed.

ALASKA DEPARTMENT OF NATURAL RESOURCES
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STATE OF ALASKA EMERGENCY EQUIPMENT RENTAL AGREEMENT		1. ORDERING OFFICE (Name and address) Fairbanks Forestry 3700 Airport Way Fairbanks AK 99709		THIS NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT										
		3. POINT OF HIRE Fairbanks		2. AGREEMENT NUMBER AK-FAS-021										
		5. CONTRACTOR a. NAME AND ADDRESS Frostline P.O. Box 9000 Fairbanks AK 99709		4. EFFECTIVE DATES a. BEGINNING 4/1/0x b. ENDING 12/31/0x										
		7. CONTRACTOR'S TELEPHONE NUMBER a. DAY 452-1661 b. NIGHT 452-3553		6. PREPARED BY: Gale Lagace										
8. TYPE OF CONTRACTOR. (X appropriate box) <input type="checkbox"/> STATE EMPLOYEE <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MINORITY BUSINESS <input type="checkbox"/> WOMAN OWNED BUSINESS		9. SSN/FEDERAL TAX ID. NO. 92-0076713		8. THE RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:										
				<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">FUEL</td> <td style="text-align: center;">CONTRACTOR ()</td> <td style="text-align: center;">STATE <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">LUBRICANTS</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: right;">SERVICING</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">()</td> </tr> </table>		FUEL	CONTRACTOR ()	STATE <input checked="" type="checkbox"/>	LUBRICANTS	<input checked="" type="checkbox"/>	()	SERVICING	<input checked="" type="checkbox"/>	()
FUEL	CONTRACTOR ()	STATE <input checked="" type="checkbox"/>												
LUBRICANTS	<input checked="" type="checkbox"/>	()												
SERVICING	<input checked="" type="checkbox"/>	()												
11. ITEM DESCRIPTION (Include make, model, year, serial number and accessories)		12. NUMBER OF OPERATORS	13. HOURLY, DAILY OR WEEKLY a. RATE b. UNIT		14. SPECIAL a. RATE b. UNIT									
a. D-6 C 12' angle blade S/n # 2MCD1486		1	\$ 80.00 Hr.		\$ 520.00									
		2	\$ 80.00 Hr.											
b. Water tender - Ford 6,000 gal. Lic # BXL615 S/n # 489LUR276		1	\$ 75.00 Hr.		\$ 485.00									
		2	\$ 75.00 Hr.											
c. 1995 4x4 3/4 ton Ford F-350 Pickup Lic. # CDY 371 VIN # L4678324067353241		Ø	\$ 72.00 Daily											
d. School bus - 60 pass - Ford Lic # 4275 BA S/n # 36RLT5158		1	\$ 79.00 Hr.		\$.70 mile									
					\$ 630.00									
16. SPECIAL PROVISIONS														
I CERTIFY THAT I HAVE READ THE MOST RECENT VERSION OF THE "RENTAL OF EQUIPMENT CONDITIONS" CONTAINED ON FORM 10-2197a														
17. CONTRACTOR'S AUTHORIZED SIGNATURE Joe Frost		18. DATE 4/1/0x	19. STATE OFFICER'S SIGNATURE Steven Savage		20. DATE 4/1/0x									
21. NAME AND TITLE owner		22. NAME AND TITLE Dispatcher												

FORM 10-2193 Revised March 2000

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EMERGENCY EQUIPMENT SHIFT TICKET					E-16
<small>NOTE The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections</small>					
1 AGREEMENT NUMBER AK-FAS-021			2. CONTRACTOR (name) Frostline		
3 INCIDENT OR PROJECT NAME Chicken Fire		4 INCIDENT NUMBER 73X11288		5 OPERATOR (name) Billy Doolittle	
6 EQUIPMENT MAKE Ford-6000gal		7. EQUIPMENT MODEL Water tender		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER 489LUR276		10 LICENSE NUMBER BXX 615		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry) Lubes provided by contractor (fuel)	
12 DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) WORK SPECIAL		14 REMARKS (released, down time and cause, problems, etc.)	
07/02		START STOP WORK 1300 2200 9		demobed at 1500 on 7/4	
07/03		0700 2100 14			
07/04		0900 1500 6			
15 EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input checked="" type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor				16 INVOICE POSTED BY (Recorder's initials)	
17 CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 			18. GOVERNMENT OFFICER'S SIGNATURE 		19 DATE SIGNED 7/4/0x

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev 7-90)
USDA/USDI

FINANCE

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E-16

EMERGENCY EQUIPMENT—USE INVOICE

PAGE 1 OF 1

1. CONTRACTOR a. name and address Frostline P.O. Box 9000 Fairbanks, AK 99709 b. EIN/SSN 92-00 76713				2. INCIDENT OR PROJECT NAME West Fork			
5. EQUIPMENT (list make, model, serial number, etc.) 6,000 gallon water tender Lic # BXX615 S/N 489LUR76				3. AGREEMENT NUMBER (from OF-294) AK-FAS-021			
9. ADMINISTRATIVE OFFICE FOR PAYMENT Fairbanks Forestry 3700 Airport Way Fairbanks, AK 99709				4. EFFECTIVE DATES OF AGREEMENT a. beginning 4/1/0x b. ending 3/31/0x			
10. THE WORK RATE IS BASED ON ALL OPERATING (lube + servicing) SUPPLIES BEING FURNISHED BY provided by contractor; <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry)				6. POINT OF HIRE (location when hired) Fairbanks			
11. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				7. DATE OF HIRE 7/2/0x		8. TIME OF HIRE 1300	
12. RESOURCE ORDER NUMBER AK-FAS-73X11288 E-16							

13. YEAR 20 <u>0x</u>		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14c + 15c)		17. GUARANTEE		18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)	
MO	DA	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT						
07	02	9	75. ⁰⁰	675. ⁰⁰					675. ⁰⁰	485. ⁰⁰	675. ⁰⁰		
07	03	14	75. ⁰⁰	1050. ⁰⁰					1050. ⁰⁰	485. ⁰⁰	1050. ⁰⁰		
07	04	6	75. ⁰⁰	450. ⁰⁰					450. ⁰⁰	485. ⁰⁰	485. ⁰⁰		

19. CHARGE CODE 73X11288				20. OBJECT CODE		23. GROSS AMOUNT DUE \$2210. ⁰⁰	
22. REMARKS				24. ITEM 23 FROM PREVIOUS PAGE		25. TOTAL AMOUNT DUE \$2210. ⁰⁰	
26. DEDUCTIONS (attach statement)				27. ADDITIONS (attach statement)		28. NET AMOUNT DUE \$2210. ⁰⁰	
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.							
30. CONTRACTOR'S SIGNATURE Hermoine Frost				31. DATE 7-4-0x		32. RECEIVING OFFICER'S SIGNATURE Ruth Earnshaw	
33. DATE 7-4-0x				34. PRINT NAME AND TITLE Hermoine Frost, Owner		35. PRINT NAME AND TITLE Ruth Earnshaw, Acct. Tech	

NSN 7540-01-120-4062

50286-102

FINANCE

OPTIONAL FORM 286 (REV. 1-00) USDA/USDI

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E-01

VEHICLE / HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST											
1. INCIDENT NAME / NUMBER <u>Ton River</u>		2. ORDER / REQUEST NUMBER <u>AK-TAS-01-0XX</u>									
3. OWNER / VENDOR <u>Tull Tyme</u>											
4. AGREEMENT, PO, CONTRACT NO.		5. EXPIRES <u>1-1-0X</u>									
6. MAKE <u>Ford</u>		7. MODEL, TYPE <u>F150 XLT P.V.</u>									
8. SERIAL NO. / VIN <u>DMX189MTV7AKCNN</u>		9. LICENSE NO. <u>DOA 269</u>									
Section I - Tractor, Motor Grader		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Pre-use</th> <th colspan="2" style="text-align: center;">Release</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </table>		Pre-use		Release		Yes	No	Yes	No
Pre-use		Release									
Yes	No	Yes	No								
1. ROPS, roll-over protection system: Manufacturer approved system secured to mainframe of tractor. Must include approved seat belts. *											
2. Lights: mounted and working while operating											
3. Battery: check for corrosion, loose terminal, hold downs											
4. Engine running: check oil pressure, knocks and leaks											
5. Gauges: all must be working; oil, temperature, etc. *											
6. Steering clutches: must have 3-4" free travel *											
7. Brakes: must hold at half travel. *											
8. Muffler and spark arrester: approved type unless turboed *											
9. Fuel system: must be free of drips and leaks *											
10. Cooling system: must be free of leaks *											
11. Fan and fan belts: check for defects											
12. Engine supports, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf *											
13. Hydraulic system: no leaks or drips											
14. Belly plate, rock and radiator guards: securely mounted *											
15. Final drive, transmission and differential: check for dripping											
16. Sprocket and idlers: cracks in spokes, sprocket teeth sharp											
17. Tracks and rollers: grouser height under 1-1/4", loose rollers, broken flanges *											
18. Blade, ripper, winch: operate smoothly and hold at any point											
19. Dozer and assembly: trunnion bolts missing, cracks *											
20. Drawbar: serviceable, safe											
21. Body and cab condition: report dents and damage											
Section II - Remarks		(Describe all unsatisfactory items and identify by line number.)									
<u>A dent was found on the exterior passengers door during the initial inspection.</u>											

Section III - Power Saw, Pump		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Pre-use</th> <th colspan="2" style="text-align: center;">Release</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </table>		Pre-use		Release		Yes	No	Yes	No
Pre-use		Release									
Yes	No	Yes	No								
1. Visible parts broken *											
2. Visible nuts and bolts tight											
3. Oil in gear case and chain oiler											
4. Cutting bar: straight, chain in good condition *											
5. Exhaust system and spark arrester *											
6. Motor: idles evenly, runs smoothly, satisfactory power											

* Safety item - Do not accept until brought into compliance.

10. PRE-USE INSPECTION		<input type="checkbox"/> REJECTED <input checked="" type="checkbox"/> ACCEPTED
MILES / HRS _____ DATE _____ TIME _____		
Inspector Name _____ <small>Print</small>	Title _____	
MILES / HRS <u>182154</u> DATE <u>5/29/0X</u> TIME <u>1100</u>		
Vendor Signature <u>Tull Tyme</u>	Title <u>Owner</u>	
Inspector Name <u>Bubba Gump</u> <small>Print</small>	Title <u>Inspector</u>	

Section IV - Truck, Bus, Van, Pickup		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Pre-use</th> <th colspan="2" style="text-align: center;">Release</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </table>		Pre-use		Release		Yes	No	Yes	No
Pre-use		Release									
Yes	No	Yes	No								
1. DOT Inspection in the last 12 months: when required *											
2. Gauges and lights *											
3. Seat belts *											
4. Glass and mirrors *											
5. Wipers and horn *											
6. Clutch pedal: proper adjustment											
7. Cooling system: check radiator and hoses											
8. Oil level and condition: full and clean											
9. Battery: check for corrosion, loose terminals, hold downs											
10. Fuel system *											
11. Electrical system: generator and starter working											
12. Engine running: check for knocks and leaks											
13. Transmission: check for leaks											
14. Steering *											
15. Brakes *											
16. 4-Wheel drive: check gear boxes, leaks											
17. Drive line U-joints: check for looseness											
18. Springs and shocks *											
19. Differential: check for leaks											
20. Exhaust system *											
21. Frame *											
22. Tire and wheels (List failed position/depth in remarks) *											
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23											
24. Emergency equipment required. <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Spare Fuses <input checked="" type="checkbox"/> Reflectors											
25. Operator(s) properly licensed. *											
State <u>AK</u> License No. <u>DOA 269</u> Class <u>D</u>											
Endorsements _____		Med.Cert. Expire Date _____									

11. RELEASE INSPECTION	
<input checked="" type="checkbox"/> NO DAMAGE / NO CLAIM <small>Not applicable to buses, inspection required.</small>	
MILES / HRS <u>182944</u> DATE <u>6/15/0X</u> TIME <u>1300</u>	
Vendor Signature <u>Tull Tyme</u>	Title <u>Owner</u>
Inspector Name <u>Bubba Gump</u> <small>Print</small>	Title <u>Inspector</u>



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The Alaska Geographic Area Supplement (GAS) for Emergency Equipment Rental Rates establishes procedures to hire emergency incident equipment. The GAS supplements the federal Interagency Incident Business Management Handbook (IIBMH), Chapter 20, and the State of Alaska Incident Business Management Handbook (AIBMH), Chapter 6. The incident agency is responsible for supplying additional guidelines for other incident acquisition procedures.

Rates in this document are effective April 1, 2004 through March 31, 2006.

The Emergency Equipment Rental rates established in this GAS are used by the Department of Agriculture - Forest Service (USFS) - Region 10, the Department of Interior - Bureau of Land Management (BLM) - Alaska Fire Service, and the State of Alaska - Department of Natural Resources, Division of Forestry (DOF). These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal agencies or the DOF are specifically addressed.

The "hiring agency" refers to the specific agency that establishes and approves the agreement with the contractor and makes payment for equipment used under their agreement. The "incident agency" refers to the agency responsible for management of the incident.

Federal agencies and the DOF use agency-specific Emergency Equipment Rental Agreements (EERA) and Conditions of Hire. Federal agencies use forms and procedures specified in the IIBMH, and equipment hired is subject to the General Clauses (Exhibit 1) found on the EERA form, OF-294 (Exhibit 2). The DOF uses EERA form, 10-2193 (Exhibit 3) and procedures specified in the AIBMH, and equipment is hired subject to the Rental of Equipment Conditions, form 10-2197a (Exhibit 4). When it is necessary to hire emergency workers (casual/EFF) to operate emergency incident equipment, federal agencies use the Pay Plan for Emergency Workers (AD rates) and the DOF uses their Emergency Firefighter (EFF) rates.

All equipment will be inspected by the hiring agency and/or the incident both before and after use.

Delegations of Procurement Authority

(Reference IIBMH, Chapter 20 and AIBMH, Chapter 6 and 14)

Delegations of incident procurement authority are made in accordance with incident agency policy.

Federal procurement officers on incident assignment may establish and administer agreements under their own authority, as well as assist in administering the terms and conditions of EERAs signed by other procurement officials. Changes or modifications to EERAs shall be made by the procurement official signing the original EERA.

DOF employees with designated procurement authority must adhere to the guidelines set forth in the AIBMH, Chapter 6, Equipment Procurement and Chapter 14, Fire Suppression Procurement Policy/Procedure - #4 Purchasing Under Emergency Conditions.

Federal Government Charge Cards and Convenience Checks

(Reference IIBMH, Chapter 20)

In accordance with incident agency procedures, direction should be given to incident personnel regarding use of the Federal Government charge cards and convenience checks. Agencies are authorized to restrict or limit use.

In cases where it is anticipated the primary payment process will be administrative payment teams (APT), the use of Federal Government charge cards and convenience checks should be reduced to limit the potential of duplicate payments.

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Structure Fire Department (SFD) Equipment and Apparatus

(Reference AIBMH, Chapter 6)

DOF establishes Cooperative Fire Protection Agreements with municipal and volunteer fire departments for SFD apparatus. SFD Apparatus are hired by the DOF under separate agreement and conditions of hire through the DOF dispatch. SFD Fire Apparatus are hired under the DOF Rental Agreement, Form 10-2193b and the SFD Rental of Fire Apparatus Conditions. USFS "may" hire SFD Fire Apparatus using Emergency Equipment Rental Agreement form (OF-289) and use the rates and conditions from DOF's SFD Rental of Fire Apparatus.

Land and Facility Rental Agreements

(Reference IIBMH, Chapter 20 and AIBMH, Chapter 6)

The rental of bare land for emergency incident purposes requires the same degree of good business judgment, including reasonable price determinations, as any other procurement action. In making the determinations, as to price fairness, considerations should be given, but not limited to, the following items: fair market rental rates for land in the area; costs to the landowner, such as moving of stock, loss of rental fees from other sources, disruption; alterations needed and who will make them; impacts on the land, costs of restoration, and who will do the restoration work; duration of rental, (emphasis should be on weekly or monthly rates) with a limit on total costs. Real estate firms may be able to assist in determining local rental rates. Other considerations require judgment and the prudent exercise of negotiation techniques. Identify when the rental period begins and ends, such as 7/15-8/13, or 30 days. Federal and DOF terms and conditions may vary.

Joint pre and post-use inspections shall be made on the premises. Such inspection shall note all improvements and their condition, including items such as fences, buildings, wells, crops, and road conditions.

Use the appropriate agency rental form for land or facilities found in IIBMH, Chapter 20 Exhibits or AIBMH, Chapter 6.

GENERAL GUIDELINES FOR EQUIPMENT HIRE

(Reference IIBMH, Chapter 20 and AIBMH, Chapter 6)

Contract Claims

Contract claims are agency specific. For State of Alaska, all potential and actual claims should be documented to the greatest extent possible on-scene and then forwarded immediately to the administering Area/Regional office. For Federal, contract claims should be documented to the greatest extent possible on-scene and may be settled by the original contracting officer, or a designated successor contracting officer, acting within their delegated warrant authority and limits set by the incident agency.

The term "normal wear and tear" shall include, but not be limited to:

- Hose that bursts due to excessive pressure (PSI), old age, or deterioration of material during use.
- Brush scratches on the body of the vehicle
- Punctures, tears, blisters, or destruction of tires and/or sidewalls due to rocks or sticks common to the working environment.
- It is anticipated that there will be wear on the paint on the inner and outer surfaces of the vehicle, top sides, rails, and tailgate. There may also be chips from flying rocks and minor bumps and dents on both the sheet metal and the bumpers.

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- Clogged air filters and oil filters from dust in excess of highway driving.
- Damage or failure of shocks or power train (steering linkage and suspension) by either fatigue or part failure due to age, manufacturer defect or operator. Power train includes engine, clutch, transmission, transfer case, driveline, front and rear differentials, axles, wheels, and bearing.

Incident Behavior

The contractor and their employees shall comply with all established Incident Behavior responsibilities. It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** Non-prescription unlawful drugs and alcohol are not permitted at the incident. During off-incident periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol use resulting in unfitness for duty will normally result in the contractor being released from the incident.

Gross Vehicle Weight (GVW)/Gross Vehicle Weight Rating (GVWR)

Equipment which by law requires an operator to possess a driver's license to operate on a public highway shall be licensed. The licensed GVW shall equal or exceed the weight of the vehicle fully loaded including operators and accessory equipment. An exception to this is some large equipment designed for off-highway use.

All equipment shall be within the limits of the manufacturer's GVWR when fully loaded. This includes balancing the load in a manner that all axle weights comply with the manufacturer's gross axle weight rating. Equipment shall be configured in a manner that the vehicle's center of gravity is within the design limits of the equipment.

When required, vehicles must have a valid Department of Transportation inspection sticker.

Licensing Requirements

All private sector operators shall have a valid license for the equipment operated, including a Commercial Driver's License (CDL) when appropriate.

Operating Supplies

As noted on the EERA, operating supplies are provided either by the Government or the contractor. When it is the Government's responsibility to provide these supplies, and the contractor supplies them, reimbursement shall be made by the Government. Use Block #27, Emergency Equipment Use Invoice, OF-286, to make this reimbursement. When the Government provides supplies that should be furnished by the contractor, a deduction for the value of the supplies shall be taken in Block #26 of the invoice. Attach documentation of the reimbursements and deductions to the invoice.

Operational Period

The period of time scheduled for execution of a given set of incident actions which may be specified in the Incident Action Plan. A single operational period is normally 12 - 16 hours. There may be two operational periods per day of 12 hours each.

Operator Hour Limitations

Operator assignments should be on a scheduled rotation for each operational period if the equipment is working 24 hours per day.

Agency resources assigned to an incident or engaged in initial attack fire response will adhere to the current agency work/rest policy for determining length of duty day.

No driver will drive more than 10 hours (behind the wheel) within any duty-day.

Multiple drivers in a single vehicle may drive up to the duty-day limitation, provided no driver exceeds the individual

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driving (behind the wheel) time limitation of 10 hours.

A driver shall drive only if they have had at least 8 consecutive hours off duty before beginning a shift.

Exception: Exception to the minimum off-duty hour requirement is allowed when essential to:

- Accomplish immediate and critical suppression objectives, or
- Address immediate and critical firefighter or public safety issues.

Documentation of mitigation measures used to reduce fatigue is required for drivers who exceed 16 hour work shifts. This is required regardless of whether the driver was still compliant with the 10 hour individual (behind the wheel) driving time limitations.

Work/Rest Guidelines in the IIBMH, Chapter 10 apply to federally hired equipment.

Service Contract Act (SCA) Wage Determination

Federal agencies apply the SCA to all rentals wherein service employees are used, except for owner/operators (Exhibit 5). **Contractors are responsible for paying the rates under the Service Contract Act from Wage Determination No. 95-0221, Revision No. 12, Date of Last Revision: 12/22/2003.**

The Procurement Unit Leader shall post copies of the applicable Wage Determination Service Contract Act and Fair Labor Standards Act posters at incidents in federal protection areas.

Special Provisions

Due to laws, regulations or unique needs, procurement officials may include Special Provisions in EERAs. Special Provisions are explanatory text addressing deviations or supplementation to the standard Conditions of Hire.

- Federal EERAs shall have the following special provision in Block 14 of the EERA: "Supplemental Terms and Conditions to the General Clauses of the Emergency Equipment Rental Agreement, OF- 294, are attached and incorporated herein." (Exhibit 6)
- Federal EERAs for heavy equipment which compensate the contractor by the hour, shall have the following special provision: "Equipment held in ground support or in staging areas designated on the Incident Action Plan, will be paid under the guarantee provisions of the EERA, Clause 7a(3) and not the Work Rate. The guarantee will be the designated payment method anytime the equipment is in this status."
- Each DOF EERA shall incorporate Special Provisions by entering the following statement in Block 16: "I certify I have read the "State of Alaska Emergency Rental of Equipment Conditions" contained on Form 10-2197A, 31 March 2003."

Subsistence of Operators

When equipment is assigned to an incident, away from the point of hire, and provided with operator, the Government may provide subsistence (food and lodging) similar to Government employees on the incident.

- Adequate food is defined as military rations (MREs), sack lunches, fresh food that the operator cooks over a pit fire, or catered meals (for large road-side incidents).
- Adequate lodging is described as a sleeping bag and visqueen to provide protection from the elements for sleeping. Sleeping bags issued by the Government must be returned.

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- No reimbursement shall be made for meals/lodging that the operator provides.

Clothing and Personal Items

Operators are expected to come prepared with enough personal items for a 14 day, excluding travel, incident assignment. This includes prescription medication, clothing items, 8" lace-up leather boots, rain gear and hygiene items.

Operators, unless otherwise stated in the EERA, may obtain commissary items if available at the incident with Incident Commander approval. Commissary items are limited to basic hygiene products, socks and tobacco products. The cost of these items will be deducted from the contractor invoice.

The Government will issue Personal Protective Equipment (PPE) to the operators if it is necessary to the performance of assigned duties. This may include fire-retardant pants and shirts, hard hats, gloves, etc. The operator must return issued PPE. The cost of non-returned items will be deducted from the contractor invoice.

Preferred Hiring Methods

(Reference IIBMH, Chapter 20 and AIBMH, Chapter 6)

The following describes requirements and summarizes the established mandatory rates for federal agencies and recommended not to exceed rates for DOF emergency equipment. The rates reflect the fact that the equipment will be engaged in fighting forest fires under adverse working conditions, driven on both improved and unimproved roads, and operators will probably be required to work in excess of 8 hours per day.

Rates may only be adjusted as follows:

- Rates should be adjusted downward when equipment fails to provide the basic configuration required for each equipment type listed, or is excessively old and will not perform up to the standards of newer equipment in terms of quality operating time or production capability.
- Rates should be adjusted upward to reflect the contractors' actual payroll cost, when a contractor demonstrates a long-term history of paying wages exceeding the established SCA wage determination for the period (e.g., payroll records for past 12 months).
- Rates may be exceeded (within agency authority) on a case-by-case basis to reflect equipment that is unique in operating capability or cannot be obtained except at a higher rate.
- Note: For Forest Service EERAs, rates exceeding the established rates shall be negotiated by a GS-1102, Level ID or higher. For BLM EERAs, rates negotiated by an authorized procurement officer that exceed the established rates, need not have higher level approval.

EXPLANATION OF RATES

The rates in the GAS were calculated using the Rental Rate Blue Book for Construction Equipment (Blue Book), and/or by polling vendors. The rates are fair and reasonable for equipment in generally new and good operating condition. Rates are effective, pending any modifications resulting from the previous season, directives and/or changes in the applicable Service Contract Act Wage Determination (SCA) or marketplace realities, from the date of approval of the EERA by an authorized procurement officer through March 31, 2006.

Daily Rate

Equipment under a daily rate is under hire for a 24-hour period each day, except for the first and last day.

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Daily rates shown in the GAS are based on calculations for one operator for one operational period.

Rate calculations for a second operational period include the additional expenses a contractor might incur operating 24 hours per day. These include, but are not limited to, a second operator's wages, operating supplies, overhead, additional cost of the wear and tear, maintenance, and profit on the foregoing.

A contractor's fixed costs such as insurance and depreciation are not included in the calculations for the second operational period as these costs are already calculated into the daily rate for the first operational period.

Dry

The Government furnishes all operating supplies after hire and the equipment arrives at the incident.

Fully Operated Rate

The fully operated rates are based on the contractor providing everything necessary to keep the equipment operating. This includes fuel, supplies, licensed operator, and any support vehicles for supplies or operator transportation.

Fully operated rates in this supplement are based on estimated increases of SCA wages. These estimates are calculated to cover the 2004 and 2005 seasons. Contractors are required to meet the prevailing SCA wage determination for the period. Equipment can be hired "wet" (contractor provides fuel and operating supplies) or "dry" (Government provides fuel and operating supplies).

Guarantee

A guarantee (see Exhibit 7) applies to each piece of equipment hired at a Work Rate.

A guarantee does not apply to equipment hired at a daily rate.

Guarantees are shown with the established rates. The guarantee includes operator(s) for one operational period, based on Service Contract Act wage provisions, a 35% payroll burden, and three hours at the un-operated rate.

When the recommended method of hire is with operator(s) for two operational periods, the rate for the second operational period should be separate, as shown in Exhibit 7. This allows flexibility in management of the EERA when operator(s) for more than one operational period are needed or provided. The guarantee has been calculated to cover the following contractor costs:

- Profit and fixed costs, such as depreciation, maintenance and overhead.
- Operator costs include Service Contract Act employee wages and payroll burden.
- Wages: Single Operational period: one operator, 12-16 hour period
 Double Operational period: two operators, 12 hour period per operator
- Payroll burden costs incurred by a contractor for an employee (i.e., FICA taxes, state and federal unemployment taxes, worker's compensation insurance). The payroll burden is calculated at 12 hours, multiplied by the operator's hourly rate, multiplied by the payroll burden. The calculations in the GAS use a payroll burden of 35%. To calculate a negotiated rate, the contractor's actual cost may be used, if known and the contractor provides adequate documentation (actual cost could vary from 20% to 60%).

Hourly Rate

See Work Rate

Mileage Rate

See Work Rate

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Minimum Daily Guarantee (same as Guarantee)

Minimum daily guarantee consists of hourly rate or hourly rate and special rate, whichever is greater.

Special Rate

A Special Rate shall apply when an additional rate is charged in addition to the hourly, daily or weekly rate for the same piece of equipment. A Special Rate example: daily rate and a mileage rate; e.g., portable toilets. Equipment hired will be paid at either the Minimum Daily Guarantee, or the Special Rate if applicable, whichever is greater.

Wet

The contractor furnishes all operating supplies.

Work Rate

Equipment hired under Work Rates are hired per unit, i.e., per mile (mileage rate) or per hour (hourly work rate). Rates should include all operator expenses if equipment is hired with vendor-furnished operator(s).

For equipment not shown in this GAS, the rates shall be negotiated, taking into consideration wages (if hired fully operated), depreciation, taxes, storage, insurance, overhead, and profit. Local customary rates shall also be considered.

NOTE:

If the equipment is not listed in a particular Rental Class Table, use the horsepower rating for the hourly work rate, single operational period guarantee, and double operational period guarantee.

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Equipment Rates

1. **Heavy Equipment** rates are organized alphabetically in the charts below. This includes suppression equipment such as backhoes, dozers, excavators, graders, and skidders.

The contractor shall provide the following items on all heavy equipment:

- Ax or pulaski
- Fire extinguisher (minimum rating, 4BC)
- Shovel
- Headlights and backup lights, and backup alarms
- First Aid kit
- Safety equipment including rollover protection (safety canopy) and approved spark arrester or exhaust system
- All heavy equipment shall have cab protection, such as brush guards
- Skidders are required to have tire chains

All heavy equipment under transport is compensated through the guarantee, not the work rate. The transportation of heavy equipment is negotiated separately (see Section 4, Transports for rates).

NOTE: If you do not see the type of equipment listed in the particular Rental Class Table use the horsepower rating for the Hourly Work Rate and Operational Period Guarantee.

Backhoes: Hired at a fully operated hourly work rate with a guarantee. Vendor provides operator and operating supplies.

Equipment Type	Backhoe				
Nominal Digging Depth	Rental Class	SAE Net Horsepower Rating	Hourly Work Rate	Single Operational Period Guarantee	Double Operational Period Guarantee
14.0'	BH-1	0-55 HP	70.00	828.00	1179.00
14.5'	BH-2	56-62 HP	74.00	832.00	1241.00
15.0'	BH-3	63-70 HP	81.00	875.00	1284.00
16.0'	BH-4	71-90 HP	83.00	891.00	1300.00
18.0'	BH-5	91+ HP	104.00	1015.00	1423.00

Equipment Type	Backhoe - Rental Class BH-1, 0-55 SAE Net HP	
Make	Model/Series	Serial Number
Case	580M	
Caterpillar	416C	
John Deere	310E (2000)	

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JCB	214E Series 4	
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Equipment Type	Backhoe - Rental Class BH-2, 56-62 SAE Net HP	
Make	Model/Series	Serial Number
Case	580 Super M	
Caterpillar	420D	
John Deere	310SG	
New Holland	555E (2000)	
Case	580 Super L Series 2 (2000)	

Equipment Type	Backhoe - Rental Class BH-3, 63-70 SAE Net HP	
Make	Model/Series	Serial Number
Case	590 Super L Series 2 (2000)	
Caterpillar	426C (2000)	
John Deere	410E (2000)	
New Holland	655E	

Equipment Type	Backhoe - Rental Class BH-4, 71-90 SAE Net HP	
Make	Model/Series	Serial Number
Case	590 Super M	
Caterpillar	436B (1996)	
John Deere	510D (1996)	

Equipment Type	Backhoe - Rental Class BH-5, 91 + SAE Net HP	
Make	Model/Series	Serial Number
John Deere	710D	
Caterpillar	446B	
JCB	217 Series 3	

Dozers: Hired at a fully operated work rate with a guarantee. Vendor provides operator and operating supplies.

To determine applicable rate for each make/model, refer to the first chart in each equipment category below to identify Incident Command System (ICS) Type, then to ICS Type charts which follow to

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applicable rate.

Equipment Type	Dozer				
ICS Type	Rental Class	Flywheel Horsepower Rating	Hourly Work Rate	Single Operational Period Guarantee	Double Operational Period Guarantee
ICS Type 3 ICS Type 2	T-3, T-4	60-104 HP	98.00	979.00	1388.00
ICS Type 2	T-5	105-124 HP	116.00	1086.00	1495.00
	T-6	125-139 HP	123.00	1128.00	1537.00
	T-7	140-169 HP	131.00	1283.00	1583.00
ICS Type 1	T-8	170-194 HP	155.00	1318.00	1726.00
	T-9	195-249 HP	184.00	1571.00	1979.00
	T-10	250-299 HP	185.00	1577.00	1985.00
	T-11	300-369 HP	213.00	1750.00	2158.00

Equipment Type	Dozer - ICS Type 3, Rental Class T-3, 60-69 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-6A, 6B, 6GB	3800 and up
	HD-6E	9000 and up
Case	450 C, LPG 550E	
	750	7070001 and up
Caterpillar	D3	7901 and up
	D3B	23Y
	D4C	39A, 40A
	D4D	22C, 78A, 82-J3259 and up, 82-1821 and up, 7R, 20J
Fiat Allis	FD-5, 6B, 6E	
International	TD-8C	
International-Hough	TD-7E, H	
John Deere	JD-450B, 450C, D, G	61J, 84J
Komatsu	D31A-16, 17, D31P-16,17, 17A, D31	501 and up

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	E-20	
Massey Ferguson	MF-300	
Oliver	OC-9B	

Equipment Type	Dozer - ICS Type 3, Rental Class T-4, 70-92 HP and ICS Type 2, 93-104 HP		
Make	ICS Type	Model/Series	Serial Number
Allis Chalmers	3	HD-6EP	14891 and up
	2	HD-11B	4100 and up
Case	3	650, 850-B, C, E	
	3	850	7072351 and up
Caterpillar	3	D4D	82J, 83J
	3	D4E	
	2	D4H	
	2	D5	81H, 82H, 83H, 84H
	2	D6	9V, 4R
	2	D6B	37A, 44A
Fiat Allis	3	FD-7, 8, 8B, 8BLGP, 6EP	
International	2	TD-9B, TD-9H	
International-Hough	3	TD-8E, TD-8H	
John Deere	3	JD-550, 550A, 550G, 650G	
Komatsu	3	D375E-5, D41A-3A, D41P-3	
	2	D41A-3, D45A-1, D45P-1	
Massey Ferguson	3	D-400C, MF3366, MF400	

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Equipment Type	Dozer - ICS Type 2, Rental Class T-5, 105-124 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-11B, 11E, 11EC	4100 and up
Case	1150	7107000 and up
	1150B	7302301 and up
	1150C, D, E	All
Caterpillar	D5	93J, 94J, 95J, 96J
	D5B	25X
	D5H	
	D6C	74A, 76A, 99J, 10K, 17R
Fiat Allis	10B, 10C, 10CTA	
International-Hough	TD-12, TD-12C	
John Deere	750, 750B	
Komatsu	D53A-15, 16, 16A, 17	
	D53P-16, 17, D58E-1	
Liebherr	PR722	

Equipment Type	Dozer - ICS Type 2, Rental Class T-6, 125-139 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-11EP	
	HD-11 Series B	4100 and up
Case	1450	
Caterpillar	D7C	17A
Fiat Allis	11B	
International	TD-158	22701, 22710, 6001
Massey Ferguson	MF-500	

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Equipment Type	Dozer - ICS Type 2, Rental Class T-7, 140-169 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-11 Series B	256-16001
	HD-16D	5448 and up
Case	1450B, 1550	All
Caterpillar	D6C	69U
	D6D	4X
	D6E & D6H	
	D7D	17A
	D7E	47A-3677, 48A -6392
Fiat Allis	14C, 14CTA	
International	TD-20B	4001 and up
International-Hough	TD-15C, TD-15E	
John Deere	JD-850, JD-850B	
Komatsu	D60P-6, D600P, D65A, D65E-6, D65P-6, D65E-7, P-7, E-8, P-8	
Massey Ferguson	D-600C	

Equipment Type	Dozer - ICS Type 1, Rental Class T-8, 170-194 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-16B	
Caterpillar	D7E	47A from 3678
	D7F	94N, 93N
International	TD20C	48A from 6393
Komatsu	D65A-12, D65EX-12, D68E-1	27001 and up
Liebherr	PR 732	

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Massey Ferguson	D-700C	
Equipment Type	Dozer - ICS Type 1, Rental Class T-9, 195-249 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-21H	
Caterpillar	D6H	46A
	D7G	92V
	D7H	
Fiat Allis	FD-20, 16B	
International	TD-25B	
International-Hough	TD-20E, DA	
Komatsu	D60F-8A	
Terex	82-30, 30B, D700A	

Equipment Type	Dozer - ICS Type 1, Rental Class T-10, 250-299 HP	
Make	Model/Series	Serial Number
Allis Chalmers	HD-21B	
	HD-21P	12260 and up
Caterpillar	D8H	46A
	D8N	
Fiat Allis	21B, 21C	
Komatsu	D85A-18, D85E-12, D85E-18, D85G-12, D85P-18, D125A-18	
Terex	82-40, 40B, D750	52802 and up

Equipment Type	Dozer - ICS Type 1, Rental Class T-11, 300-369HP	
Make	Model/Series	Serial Number
Caterpillar	D8K	76V
	D8L	

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	D9N	
Fiat Allis	FD-30, 2K	
International-Hough	TD-25C	501 and up
	TD-25G, TD-35E	
Komatsu	D155A-1	
Terex	D800	

Excavators: Hired at a fully operated hourly work rate with a guarantee. Vendor provides operator and operating supplies.

Equipment Type	Excavator				
Weight Class	Rental Class	Flywheel Horsepower Rating	Hourly Work Rate	Single Operational Period Guarantee	Double Operational Period Guarantee
14,000 lbs	EX-1	50-60 HP	98.00	969.00	1378.00
18,000 lbs	EX-2	61-75 HP	109.00	1038.00	1443.00
25,400 lbs	EX-3	76-85 HP	125.00	1134.00	1542.00
35,000 lbs	EX-4	86-110 HP	138.00	1215.00	1619.00

Equipment Type	Excavator - Rental Class EX-1, 50-60 SAE Net HP	
Make	Model/Series	Serial Number
Caterpillar	E 70	
John Deere	190	
Kobelco	SK 60, MK111	
Komatsu	PC 60-6	

Equipment Type	Excavator - Rental Class EX-2, 61-75 SAE Net HP	
Make	Model/Series	Serial Number
Hitachi	EX 100-2	
John Deere	290	

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Kobelco	SK 100 MK 111	
Komatsu	PC 90-1	

Equipment Type	Excavator - Rental Class EX-3, 76-85 SAE Net HP	
Make	Model/Series	Serial Number
Case	880	
Caterpillar	E 110, E 120	
John Deere	490	
JSW	BH 50	
Kobelco	SK 120LC MK11	
Koehring	6614	
Komatsu	PC 120	
Linkbelt	LS2650	

Equipment Type	Excavator - Rental Class EX-4, 86-110 SAE Net HP	
Make	Model/Series	Serial Number
Case	888, 980, 1085	
Caterpillar	214, 215	
Drott	40	
Hitachi	UH 082	
John Deere	590, 595	
Komatsu	PC 150LC-5, PC 200LC-2	
Liebherr	A 902, A 912	

Graders: Hired at a fully operated hourly work rate with a guarantee. Vendor provides operator and operating supplies.

Equipment Type	Grader				

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Make/Model	Rental Class	Flywheel Horsepower Rating	Hourly Work Rate	Single Operational Period Guarantee	Double Operational Guarantee
All	G1	100-125 HP	100.00	983.00	1391.00
All	G2	126-150 HP	111.00	1050.00	1458.00
All	G3	151-200 HP	141.00	1229.00	1638.00
All	G4	201 + HP	163.00	1359.00	1768.00

Equipment Type	Grader - Rental Class G-1, 100-125 HP	
Make	Model/Series	Serial Number
Allis Chalmers	M-70	
Austin Western	101, 200, 300	
Caterpillar	112 Series F, 120 Series F, G	
Gallion	104, 11B, 160, T400, T500	
John Deere	JD670A, JD672A	

Equipment Type	Grader - Rental Class G-2, 126-150 HP	
Make	Model/Series	Serial Number
Allis Chalmers	M11, M100, 150C	
Austin Western	301, 400	
Caterpillar	12-G, 14-E, 130, 140	
Champion	710A, 716A	
John Deere	770A, 772A, 670B, 672B	

Equipment Type	Grader - Rental Class G-3, 151-200 HP	
Make	Model/Series	Serial Number
Allis Chalmers	M200-C	
Caterpillar	14 Series G, 140 G	
Champion	D-565, 600, 680, 720A, 740	
Dresser	850	
Fiat Allis	200C, FG 85A	

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John Deere	77B	
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Equipment Type	Grader - Rental Class G-4, 201 + HP	
Make	Model/Series	Serial Number
Caterpillar	16, 16G	
Champion	D-686, 780	
Gallion	T-700	
Huber	F1700, F1900	

Skidders: Hired at a fully operated hourly work rate with a guarantee. Vendor provides operator and operating supplies.

Equipment Type	Skidder				
Make/Model	Rental Class	Flywheel Horsepower Rating	Hourly Work Rate	Single Operational Period Guarantee	Double Operational Period Guarantee
All	SK-1	69-95 HP	65.00	775.00	1183.00
All	SK-2	96-115 HP	71.00	809.00	1217.00
All	SK-3	116-130HP	83.00	889.00	1296.00
All	SK-4	131-160HP	103.00	1009.00	1417.00

Equipment Type	Skidder - Rental Class SK-1, 69-95 Flywheel HP	
Make	Model/Series	Serial Number
Barrett	16	
John Deere	440	
Timber Jack	200D	

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Equipment Type	Skidder - Rental Class SK-2, 96-115 Flywheel HP	
Make	Model/Series	Serial Number
Barrett	21A	
Clark Ranger	664	
John Deere	540	
Timber Jack	230D	

Equipment Type	Skidder - Rental Class SK-3, 116-130 Flywheel HP	
Make	Model/Series	Serial Number
Barrett	22	
Caterpillar	518	
Clark Ranger	666	
John Deere	640	
Timber Jack	240D, 380D, 450	

Equipment Type	Skidder - Rental Class SK-4, 131-160 Flywheel HP	
Make	Model/Series	Serial Number
Barrett	25A, 30	
Caterpillar	528	
Clark Ranger	667, 668	
John Deere	740	
Timber Jack	520, 550	

2 Passenger and Cargo Vehicles.

This section includes passenger van, sedan, sport utility vehicle, commercial cargo vehicle, trucks, All Terrain Vehicle (ATV), and driver rates.

Hired at a daily rate plus mileage, or at a flat daily rate. Use the vendors' standard method of hire when procuring vehicles from a commercial vendor. The Government provides operating supplies.

DOF must use vehicles from the mandatory contract vendor if available. Otherwise any vendor may be used.

When dealing with national rental companies, pay the commercial rate minus any discounts. Commercial rates should not exceed those charged to the public, and the EERA should indicate both daily and

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weekly rates. The hiring agency should review the vehicle registration to verify ownership.

The vendor shall equip passenger vehicles with seat belts, spare tire, wheel wrench and jack. The vendor will ensure that vehicles are in good condition and meet state and local laws for operation.

Address post-use clean-up at the time of sign up. The hiring agency may either clean rented vehicles before final inspection or provide compensation to the vendor for clean-up. The preferred method is for the hiring agency to clean the vehicle, thus allowing for a complete final inspection process.

Drivers: The operator shall be a Government employee or hired as a casual/EFF and must comply with all federal and State licensing requirements.

Driver, up to and including 1 ton	AD-2, EFF-2
Driver, over 1 ton and up to 4 tons, no CDL required	AD-3, EFF-3
Driver, CDL required	AD-4, EFF-4

ATV's: The type of ATV determines the method of hire. Refer to the charts below.

Government use is limited to 4wheeled machines. Rental or use of 3wheeled ATV's is prohibited. The operator shall be a Government employee or hired as a casual/EFF and will have a current driver's license.

Equipment Type	ATV, Recreational		
Make/Model	Size	Method of Hire - Daily Rate	Pay Plan Rate
All	4 X 2 Wheel Drive	53.00	AD-2, EFF-2
All	4 X 4 Wheel Drive	63.00	AD-2, EFF-2
All	6 X 6 Wheel Drive	155.00	AD-2, EFF-2
All	ATV Trailer	10.00	AD-2, EFF-2

Equipment Type	ATV, Engine - defined as a tracked or wheeled ATV with a tank capacity.			
Make/Model	Size/Tank Capacity	Hourly Work Rate	Single Operational Period Guarantee	Double Operational Period Guarantee
Nodwell, Foremost, Bombardier	Up to 5,000 Gallon	179.00	1127.00	1826.00

Equipment Type	Passenger Van
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Make/Model	Size	Method of Hire			Pay Plan Rate
		Daily Rate + Mileage Rate		OR Flat Daily Rate	
All	Mini-Van, 5-7 Pax	81.00	.30	96.00	AD-2,EFF-2
All	Mid Size 3/4 Ton, 9-11 Pax	95.00	.30	110.00	AD-2,EFF-2
All	Full Size 1 Ton, 12-15 Pax	110.00	.30	125.00	AD-2,EFF-2

Equipment Type	Sedan				
Make/Model	Size	Method of Hire			Pay Plan Rate
		Daily Rate + Mileage Rate		OR Flat Daily Rate	
All	Sub-compact	47.00	.30	57.00	AD-2, EFF-2
All	Mid Size	52.00	.30	62.00	AD-2, EFF-2
All	Full Size	57.00	.30	67.00	AD-2, EFF-2
All	Station Wagon	56.00	.30	66.00	AD-2, EFF-2

Equipment Type	Sport Utility Vehicle, 4 X 4 Wheel Drive				
Make/Model	Size	Method of Hire			Pay Plan Rate
		Daily Rate + Mileage Rate		OR Flat Daily Rate	
All	1/2 Ton, 4-8 Pax	82.00	.30	97.00	AD-2, EFF-2
All	3/4 Ton, 4-8 Pax	102.00	.30	117.00	AD-2, EFF-2

Equipment Type	Truck, Cargo, Stakeside				
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Make/Model	Size	Method of Hire			Pay Plan Rate
		Daily Rate + Mileage Rate		OR Flat Daily Rate	
All	8500 to 12000 GVW	142.00	.45	242.00	AD-3, EFF-3
All	12001 to 14500 GVW	173.00	.45	273.00	AD-4, EFF-4
All	14501 to 25000 GVW	186.00	.45	286.00	AD-4, EFF-4
All	25001 and Up GVW	225.00	.45	325.00	AD-4, EFF-4

Equipment Type	Truck, Pickup, 4 X 2 Wheel Drive				
Make/Model	Size	Method of Hire			Pay Plan Rate
		Daily Rate + Mileage Rate		OR Flat Daily Rate	
All	Compact	78.00	.30	93.00	AD-2,EFF-2
All	1/2 Ton	86.00	.30	101..00	AD-2,EFF-2
All	3/4 Ton	86.00	.30	101.00	AD-2,EFF-2
All	1 Ton	91.00	.30	106.00	AD-2,EFF-2

Equipment Type	Truck, Pickup, 4 X 4 Wheel Drive				
Make/Model	Size	Method of Hire			Pay Plan Rate
		Daily Rate + Mileage Rate		OR Flat Daily Rate	
All	Compact	87.00	.30	102.00	AD-2,EFF-2
All	1/2 Ton	91.00	.30	106..00	AD-2,EFF-2
All	3/4 Ton	125.00	.30	140.00	AD-2,EFF-2
All	1 Ton	125.00	.30	140.00	AD-2,EFF-2

3. Buses:

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Hired at hourly rate plus mileage rate, with guarantee. Vendor provides operator and operating supplies. Hire commercial and school passenger buses with operator from licensed common carriers when feasible. Rental rates for commercial buses shall conform to prevailing charter rates.

Cargo, such as tools, fire packs and equipment shall not be carried in the bus unless they are securely lashed down or stored behind a well-anchored screen separating the tools and gear from the passengers. The bus shall provide for a least one emergency exit in addition to the main door and access to the emergency exit must be free of barriers.

DOF requires liability insurance in the minimum amount of \$1,000,000 combined single limit per occurrence.

Use the following rates for buses from private vendors:

Equipment Type	Bus, Commercial					
Make	Model	Size	Method of Hire Hourly Rate plus Mileage Rate, with Guarantee		Single Operational Period Guarantee	Double Operational Period Guarantee
			Hourly Rate + Mileage Rate			
All	All	20 Pax	25.00	.50	300.00	400.00
All	All	44 Pax	65.00	1.00	515.00	600.00

4. Transports:

Defined as a truck tractor, with trailer(s), or a van, used for hauling heavy equipment. Trailers may be enclosed, flatbed, or lowboy-type.

Hire with Special Rate (mileage rate with guarantee); with one contractor-provided operator; contractor-provided operating supplies. When a transport and another piece of heavy equipment are owned by the same company and furnished with one operator for both pieces of equipment, establish a special rate that accounts for this situation.

A special rate is used to compensate the vendor in the following circumstance:

When a transport and another piece of heavy equipment are furnished with a single operator, the transport is paid the work rate when operating. Once the piece of heavy equipment is delivered to the incident, the period of hire for the transport ends. If the agency official-in-charge deems it is necessary to hold the transport in readiness status, in lieu of release, a Special Rate (half of the Minimum Daily Guarantee) will be paid for the transport. The EERA should include in the Remarks: "When incident commander or representative deems it necessary that the transport be held at the incident without operator, a Special Rate (half of the Minimum Daily Guarantee) will be paid." Travel to and from incident will be paid at the regular operating rate. If a contractor supplies heavy equipment and transport with one operator for both, the Special Rate shall apply whether the transport is operated or at the incident.

A fully-operated transport may be used to transport equipment owned by other vendors. The question of who is responsible for payment, the Government or vendor, should be established on the EERA in effect

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for the transported equipment, or by negotiation between the Government and the vendors.

If the Government releases the transport, but the vendor elects to keep the transport at the incident location, no further payment is due, because the period of hire ended when the transport was released. The transport's trip to return the equipment to the point of hire is considered a new period of hire.

When transporting between tariffed locations by a licensed common carrier, shipments and payment should be according to the appropriate established tariff. The Government should use a Government Bill of Lading form (GBL) for shipments of this type.

An EERA for transporting oversized/overweight loads shall include a separate line item for pilot vehicles and trip permits, if necessary (pilot vehicles are required for larger D-7's, D-8's and D-9's). Vendors are responsible for meeting all State requirements, such as weight restrictions and hauling permits, whether payment of the permit is by the Government or the vendor. The EERA shall reflect the pilot car at the appropriate mileage rate.

Equipment Type	Transport			
Carrying Capacity	Rental Class	Method of Hire Hourly Rate w/Guarantee; Special Rate if needed.		
		Fully Operated Hourly Rate	Minimum Daily Guarantee One Operator	Minimum Daily Guarantee Two Operators
10-25 Ton	TR-1	64.00	732.00	1413.00
26-40 Ton	TR-2	72.00	756.00	1462.00
41+ Ton	TR-3	98.00	834.00	1163.00

5. **Water Tenders:**

Defined as a mobile, large-capacity water tank, used to fill non-potable water tanks for dust abatement or as a general water source for other engines. Typical accessory equipment includes a volume-filler pump, suction discharge hose, spray bar, and a large (6"-10") dump capability. The ICS standards for minimum water capacity are used in the charts below.

Private sector water tenders shall be configured according to the following standards:

-Water tenders for dust abatement shall have a spreader bar.

-Water tenders shall have a water tank baffled in such a manner that it shall conform to the National Fire Protection Association (NFPA) Standards for Mobile Water Supply Apparatus, 4-2.3, or the American Society of Mechanical Engineers or other industry-accepted engineering standards. NFPA states, "Any water tank shall be provided with at least one swash partition. Each water tank shall have sufficient number of swash partitions so the maximum dimension of any spaces in the tank, either transverse or longitudinal, shall not exceed 48" (1,220 mm) and shall not be less than 23" (584 mm)."

When classifying water tenders, all requirements for both equipment and personnel must be met to be acceptable.

When fully loaded, water tenders (including operators and accessory equipment) will conform to

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Manufacturer's Gross Vehicle Weight Rating (GVWR), or state highway Gross Vehicle Weight (GVW) limits, whichever is less. This includes balancing the load in a manner that all axle weights comply with the GVWR. Preseason sign up will require the unit to be fully loaded, with the contractor providing weight tickets for the load from a certified scale. The weight tickets will be by individual axle weight. An exception to the GVW requirements may be made for Type 1 tenders, designed for off-highway construction, where the GVW is less than the GVWR.

Vehicles shall be licensed to carry the loaded GVW of the unit. Vehicles which require a licensed CDL operator when operating on public highways, shall be furnished with, and operated by, a licensed CDL operator at all times.

Vehicles shall be configured in a manner that the center of gravity, for the vehicle, is within the design limits of the equipment.

Vendor provides operating supplies.

Negotiate water rates if applicable, at the time of hire.

Equipment Type	Water Tender - Water rates, if any, are to be negotiated at time of hire.			
ICS Type	Size/Tank Capacity	Method of Hire Fully Operated Daily Rate or Hourly Work Rate		
		Hourly Work Rate	Single Operational Period Guarantee	Double Operational Period Guarantee
ICS Type 3	1,000-2,499 Gallon	72.00	936.00	1728.00
ICS Type 2	2,500-4,999 Gallon	79.00	1018.00	1879.00
ICS Type 1	5,000-6,900 Gallon	112.00	1446.00	2669.00
ICS Type 1	7,000-10,000 Gallon	155.00	2003.00	3697.00

6. **Water Trucks:**

A potable water truck is defined as a vehicle equipped to store and dispense drinking water. The equipment shall meet state and local requirements for potable water.

Gray water truck is defined as a vehicle equipped to pump and transport waste water. The equipment shall meet state and local requirements. Vendor is responsible for proper removal and disposal of waste water, including any disposal fees and permits.

Hire water trucks at a fully operated daily rate, with one operator per operational period. The vendor provides operator and operating supplies.

Use the commercial vendor's standard method of hire. The EERA should specify rates for single and double operational periods.

Negotiate water rates or water disposal rates, if applicable, at the time of hire. If water is purchased commercially, the market rate will be used, and receipts required in order to reimburse the vendor.

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7. Fuel Trucks:

Hired at a fully operated daily rate plus mileage with one operator for each operational period. Vendor provides operator and operating supplies.

Use the commercial vendor's standard method of hire. The EERA should specify rates for single and double operational periods.

Operators will use the Fuel Issue Record, OF-304, to record fuel issues. Vendor shall provide invoices for the commodity vended; the price charged shall reflect the current market price. No separate payment will be made for nursing trucks or required spill-containment equipment.

Carefully instruct vendor/operator in completion of the OF-304. When the vendor provides fuel to incident agency vehicles and vehicles owned by other vendors, the EERA should state the basis of payment for the dispensed fuel, oil, and miscellaneous products. When the cost of fuel products are to be charged back to other vendors, all tax paid on the fuel should be included in the price.

8. Incident Support Items:

This section includes Ambulances, Boats, Chainsaws, Dumpsters, Forklifts, Mobile Offices, Office Machines and Equipment, Portable Pumps and Water Handling Equipment, Portable Toilets, and Refrigerator Trailers.

Ambulances: Shall be ordered through dispatch channels from the State of Alaska, which maintains Cooperative Fire Protection Agreements with municipal and volunteer fire departments for SFD apparatus. Request a copy of SFD Fire Apparatus Rental Agreement, Form 10-2193b, when ordered. Ambulances are hired at a daily rate, without operator. Vendor will furnish operating supplies, with provision for reimbursement for the expendable supplies used. Operators are hired separately and shall comply with all federal and State licensing requirements. Ambulances and operators shall meet state rules, regulations, and licensing requirements where such exist. The age, condition, and configuration of ambulances significantly and directly impacts the operational costs.

Boats: Hired at a fully operated daily rate, round trip rate, weekly rate or monthly rate, depending on which is more advantageous to the Government. Vendor provides operator and operating supplies. When operating supplies are provided by the hiring agency, vendors shall be charged back for the price. An adult-rated personal flotation device (PFD) must be provided for each person on board.

Equipment Type	Airboat Daily Rate – Operator included. PFD's required		
Make/Model	Capacity	Method of Hire Daily Rate	Pay Plan Rate
All	Under 6 personnel	750.00	N/A
All	Over 6 personnel	1500.00	N/A

Equipment Type	Boat Round Trip - Operator included in Round Trip Rate below. PFD's required.
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Make/Model	Size	Method of Hire Special Rate (Round Trip Rate)	Pay Plan Rate
All	18' - 22'	200.00	N/A
All	23' - 26'	250.00	N/A

Equipment Type	Boat Daily Rate		
Make/Model	Size	Method of Hire Daily Rate	Pay Plan Rate
All	16' - 20' up to 150 HP	500.00	N/A
All	16' - 20' over 150 HP	550.00	N/A
All	21' - 23' up to 150 HP	550.00	N/A
All	21' - 23' over 150 HP	600.00	N/A
All	24' - 26' up to 150 HP	700.00	N/A
All	24' - 26' over 150 HP	750.00	N/A

Chainsaws: Hired at a flat daily rate. The Government provides fuel, oil, and filters. The vendor provides other operating supplies (such as chain or spark plugs). The sawyer will only be compensated for one chain saw; no compensation for back up saws. The operator will normally furnish a vehicle, capable of traversing the local terrain, hired at a flat daily rate of \$50, to be used for transportation to, from, and around the worksite, and to provide access to tools and equipment.

Operators are hired as a casual/EFF.

Faller	Class A	Up to 12" DBH	AD-3, EFF-3
Faller	Class B	Up to 24" DBH	AD-4, EFF-4
Faller	Class C	Equal or up to 36" DBH	AD-5, EFF-5
Swamper			AD-2, EFF-2

Equipment Type	Chainsaw	
Make/Model	Size	Method of Hire Flat Daily Rate
All	Up to 3.8 cu in	40.00

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All	Over 3.8 cu in	50.00
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Dumpsters: Hired at a daily, weekly or monthly rates. Use commercial vendors' standard rates and method of hire. The EERA should specify delivery, pickup, and disposal rates if applicable.

Forklifts: Hired at a daily, weekly, or monthly un-operated rate depending on which is more advantageous to the Government. Use commercial vendors and rates if available. The operator shall be a Government employee or hired as a casual/EFF.

Equipment Type	Forklift		
Make/Model	Lift Capacity	Method of Hire Daily Rate	Pay Plan Rate
All	6,000 lbs	253.00	AD-2,EFF-2
All	14,000 lbs	380.00	AD-2,EFF-2
All	24,000 lbs	553.00	AD-2,EFF-2

Mobile Office: Defined as a building equipped with electrical hook-up and telephone capabilities, lighting, and designed to be transported to field locations. Hire mobile offices at a daily, weekly, or monthly rate. The rate should include delivery, set-up and transport back to the point-of-hire.

Office Machines and Equipment: Includes photocopiers, facsimile, computers, generators, etc. Hired at a daily, weekly, or monthly rate. Negotiate rate for service calls which are realistic, based on response time-frames and distance.

Portable Pumps: Hire portable pumps and other small water-handling equipment items at flat daily, weekly or monthly Rate. Use commercial vendor's established price. The Government provides operating supplies, hose and connections.

Portable Toilets: Hired at a daily rate with a service truck mileage rate or per/service rate. Use commercial vendor and rates. Negotiate a servicing frequency sufficient for the number of personnel in the incident base or other facility.

Refrigerator Trailers: Hire at an un-operated daily rate, plus delivery and pick-up rates. Use commercial vendor and rates. Rates for truck-mounted refrigerator units may be higher than trailer units.

State of Alaska

Department of Natural Resources

Division of Forestry Northern Regional Office

FRANK H. MURKOWSKI, GOVERNOR

3700 Airport Way

Fairbanks, Alaska 99709-4699

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To Whom It May Concern:

The individual named below is temporarily delegated procurement authority by the Division of Forestry for wildland fire emergencies.

The individuals' procurement authority is limited to the purchase or acceptance of emergency commodities and services for ongoing fire suppression operation and necessary emergency rehab due to fire activity. This delegation is valid only from the period ____ / ____ / ____ to ____ / ____ / _____. It may expire no later than September 30 of the current year.

In exercising this authority, the person may not accept favors from vendors or participate in any action, which would personally benefit the individual. Additionally, if there are potential conflicts of interest, the individual must immediately notify the person authorizing this delegation. Violation of these conditions may be grounds for termination of employment.

This delegation is specifically limited to the following action and limits:

Action	Limitations
Pick up and sign for supplies and materials from vendors	
Making local purchases	
Hire equipment or services from existing offers on files	
Establish new continuing offers-Equipment rental and rate guidelines are contained in the State Procurement section of the IBMH	

Additional Condition(s) or Restrictions:

I have read and understand the above conditions and limits:

Signature: _____

Date: _____

Delegated by the Area Forester or Regional Fire Management Officer

Signature: _____

Date: _____

"Develop, Conserve, and Enhance Natural Resources for Present and Future Alaskans."

Printed Name: _____

Cc: DNR Procurement Officer

VEHICLE / HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST

1. INCIDENT NAME / NUMBER 2. ORDER / REQUEST NUMBER

3. OWNER / VENDOR

4. AGREEMENT, PO, CONTRACT NO. 5. EXPIRES

6. MAKE 7. MODEL, TYPE

8. SERIAL NO. / VIN 9. LICENSE NO.

Section I - Tractor, Motor Grader

		Pre-use		Release	
		Yes	No	Yes	No
1. ROPS, roll-over protection system: Manufacturer approved system secured to mainframe of tractor. Must include approved seat belts.	*				
2. Lights: mounted and working while operating					
3. Battery: check for corrosion, loose terminal, hold downs					
4. Engine running: check oil pressure, knocks and leaks					
5. Gauges: all must be working; oil, temperature, etc.	*				
6. Steering clutches: must have 3-4" free travel	*				
7. Brakes: must hold at half travel.	*				
8. Muffler and spark arrester: approved type unless turboed	*				
9. Fuel system: must be free of drips and leaks	*				
10. Cooling system: must be free of leaks	*				
11. Fan and fan belts: check for defects					
12. Engine supports, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf	*				
13. Hydraulic system: no leaks or drips					
14. Belly plate, rock and radiator guards: securely mounted	*				
15. Final drive, transmission and differential: check for dripping					
16. Sprocket and idlers: cracks in spokes, sprocket teeth sharp					
17. Tracks and rollers: grouser height under 1-1/4", loose rollers, broken flanges	*				
18. Blade, ripper, winch: operate smoothly and hold at any point					
19. Dozer and assembly: trunnion bolts missing, cracks	*				
20. Drawbar: serviceable, safe					
21. Body and cab condition: report dents and damage					

Section II - Remarks

(Describe all unsatisfactory items and identify by line number.)

10. PRE-USE INSPECTION

☐ REJECTED

MILES / HRS DATE TIME

Inspector Name Title
Print

☐ ACCEPTED

MILES / HRS DATE TIME

Vendor Signature Title

Inspector Name Title
Print

Section IV - Truck, Bus, Van, Pickup

		Pre-use		Release	
		Yes	No	Yes	No
1. DOT inspection in the last 12 months: when required *				NA	NA
2. Gauges and lights	*				
3. Seat belts	*				
4. Glass and mirrors	*				
5. Wipers and horn	*				
6. Clutch pedal: proper adjustment					
7. Cooling system: check radiator and hoses					
8. Oil level and condition: full and clean					
9. Battery: check for corrosion, loose terminals, hold downs					
10. Fuel system	*				
11. Electrical system: generator and starter working					
12. Engine running: check for knocks and leaks					
13. Transmission: check for leaks					
14. Steering	*				
15. Brakes	*				
16. 4-Wheel drive: check gear boxes, leaks					
17. Drive line U-joints: check for looseness					
18. Springs and shocks	*				
19. Differential: check for leaks					
20. Exhaust system	*				
21. Frame	*				
22. Tire and wheels (List failed position/depth in remarks)	*				
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, Item 23					
24. Emergency equipment required. Fire Extinguisher Spare Fuses Reflectors	*				
25. Operator(s) properly licensed.	*				

State License No. Class

Endorsements Med.Cert. Expire Date

Section III - Power Saw, Pump

		Pre-use		Release	
		Yes	No	Yes	No
1. Visible parts broken	*				
2. Visible nuts and bolts tight					
3. Oil in gear case and chain oiler					
4. Cutting bar: straight, chain in good condition	*				
5. Exhaust system and spark arrester	*				
6. Motor: idles evenly, runs smoothly, satisfactory power					

* Safety item - Do not accept until brought into compliance.

11. RELEASE INSPECTION

☐ NO DAMAGE / NO CLAIM
Not applicable to buses, inspection required.

MILES / HRS DATE TIME

Vendor Signature Title

Inspector Name Title
Print

Emergency Equipment Rental Rates
2004-2005
Department of Agriculture - Forest Service - Region 10
Department of Interior - Bureau of Land Management - Alaska Fire Service
State of Alaska - Department of Natural Resources - Division of Forestry



**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

PROPERTY MANAGEMENT

Responsibilities

This chapter deals with government property only. For personal property claims, see Chapter 10.

All employees are responsible for the care, use, and custody of all property; the prompt return of unneeded property; and for promptly reporting property lost, stolen, or damaged.

The Incident Commander has overall responsibility for establishing and maintaining a sound property management program for the incident.

All supervisors are responsible for ensuring that personnel under their supervision adhere to all property accountability procedures.

Property Management Program Procedures

An effective property management program includes the following:

- Establishment of areas where the property is stored and protected
- Designation of personnel to receive property and establish receipting procedures
- Establishment of property identification and marking procedures
- Designation of employees to issue property and establish property accountability controls
- Establishment of property clearance and demobilization procedures

Security and Storage

Property stored at an incident base, spike camp, staging area, or area office must be adequately protected to prevent theft, vandalism, and damage from the elements. Access to these areas must be restricted to those personnel with designated property management responsibilities. Appropriate protection measures may include private security, or agency law enforcement.

Property Ordering Procedures

Property movement between Areas, Regions, and incidents shall be ordered on a Resource Order. This is an important link in the chain of property management. The Resource Order documents the need for property, and is the initial approval level. All ordering should be done with the Incident Commander's direct or delegated approval.

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Property Receipting Procedures

Property and supplies are furnished from a variety of sources, and prompt reports of receipt must be made to the administrative unit having jurisdiction. This takes the form of invoices, packing lists, or other shipping documents. The designated receiving official must verify that the items listed are received, and must note in all cases, shortages, overages, and damage. If no documents accompany the shipment, there are forms available, such as Alaska Division of Forestry Warehouse Issue/Return (10-1505), and State of Alaska (SOA) Property Receipt (02-657) to collect the required information. There are also other federal versions of these forms.

From Government Sources of Supply and Agency Fire Caches and Warehouses - Acknowledge receipt on Form 10-1505, or Federal Form OF-285, Warehouse Supplies.

From Commercial Sources of Supply (Petty Cash and Charges) - Receipt of property and supplies purchased by this method must be acknowledged by an original bill, sales slip, cash register tape, or invoice. If none of these are available, prepare a Field Purchase Order and Invoice, form 02-004, or use a blank piece of paper and include vendor's name, address, phone number, tax ID# or SSN, and signature, along with a list of items purchased. Federal form SF-1165, Receipt for Cash-Subvoucher may be used.

Identification

Most property received from agency support systems is identified as State or government property. Capitalized property must always be identified, or "tagged".

Non-Expendable - These items are usually equipment, and must be identified as State or government property, and are usually tagged.

- State capitalized property is tagged with a 7 or 8-digit tag.
10-xxxxx or 10xxxxxx are Forestry property.
13-xxxxx is Division of Information Services property (radios).
- Federal property is usually stamped or painted with "US Govt."

Expendable - Items received from GSA are usually stamped "FSS".

Property Accountability Controls

Non-Expendable Property List - All units, including the incident base must maintain a list or inventory of non-expendable property assigned to it, as an aid to property control. This list must show the agency tag and serial numbers assigned to the property.

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Issues, Transfers, and Returns

- Issues to Personnel - The transfer of all tools and other recoverable property must be recorded at the time of issue. This can be done on a SOA Property Receipt (02-657), Federal Form OF-290, Receipt of Property, or even on a blank piece of paper, as long as the proper information is recorded and signed for.
- Transfers between Crews and Personnel - Transfers of property must be documented and signed for in order to maintain accountability. Forms that require the same information as issues may be used as long as the proper information is recorded and signed for.
- Returns from Personnel - Items designated as reusable and returnable are to be returned by personnel to the issuing, or other designated point. Items returned are inspected and compared with the list and quantities recorded on the issuing document. Shortages or damages are noted, and a determination will be made as to whether or not to charge the employee.
- Returns from Incidents - Items returned from incidents must be accompanied by return paperwork to document what is being returned. An Alaska Division of Forestry Warehouse Issue/Return form (10-1505) should be used. Damaged items must be clearly “flagged or tagged” to help aid the warehouse in determining which items need to be repaired or discarded, so that they will not be reissued in a defective state.
- Damage/Loss - Some damage and loss occurs occasionally because of the nature of the fire suppression job. All employees shall provide an adequate explanation when damage or loss occurs. Explanations are documented on a Property Loss or Damage Report, Fire Suppression (OF -289). The employee, supervisor, or a witness must include any appropriate comments or statements on the form. The Incident Commander, Logistics Section Chief, or Area Forester, as appropriate, shall comment and sign the form. A SOA Lost-Stolen-Damaged Property Review form (02-627) is used for non-fire suppression losses.

Clearance and Demobilization Procedures

Property and time recording personnel shall coordinate efforts to accomplish clearance through the Plans Section. Employee’s final time reports must not be processed until clearance is obtained from the property managing section. If employees refuse to cooperate, all facts must be recorded in writing and attached to the final time report for processing.

Summary of Forms

Property Receipt (02-657) (page 5). This form is used in the same manner as federal form OF-290, Receipt for Property-Fire Suppression (page 6). This form is used for issues and returns to/from personnel, and transfers of assigned property.

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Division of Forestry Warehouse Issue/Return (10-1505) (page 7). This form is used for issues and returns to/from State warehouses and caches, staging areas, etc.

Lost-Stolen-Property Review (02-627) (page 8). This form is used **with** federal form OF-289, Property Loss or Damage Report (page 9) to document suppression-related losses of government property. The OF-289 is often used at the field level, as it is the interagency form. If used, the Area Forester must attach a 02-627 to it, with appropriate sections filled out. Form 02-627 is always used to document non-suppression losses.

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STATE OF ALASKA
PROPERTY RECEIPT

From: (Dept./Div./Location) Supply	To: (Dept./Div./Location) John Firefighter	Date: 7/12/08
<input checked="" type="checkbox"/> ISSUE STOCK <input type="checkbox"/> TEMPORARY ISSUE (Intra-agency) <input type="checkbox"/> TEMPORARY LOAN (Inter-agency)		

FOR PERMANENT TRANSFERS USE FORM 02-622. (REF. PROPERTY MANUAL, CHAPTER 4)

PCN if Applicable	Qty	Description of Item	Date to be returned	Date Returned	Initial/Partial Returns
13D-1234	EA	King Radio	7/15		

Issued By: (Signature) Joe Supply	Received By: (Signature) John Firefighter
Type or Print Name Joe Supply	Type or print Name John Firefighter

Loaning Agency retains original and borrowing Agency retains copy until ALL items returned. Loaning Agency will initial for partial returns; both copies may be destroyed when all items have been returned.

02-657 (8/90)
DRAFT

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RECIPT FOR PROPERTY FIRE SUPPRESSION		1. I.D. NO. (From OF-288, Emergency Firefighter Time Report)		2. Crew Name or Number	
				Fairbanks #1	
4. ISSUING OFFICE OR CAMP NAME		3. ISSUED TO (Name and address)			
Supply		Joe Firefighter			
5. FIRE NAME		6. FIRE NUMBER		7. TYPE EMPLOYEE (Mark one with "x")	
Fish Creek		111246		REGULAR GOVT <input type="checkbox"/> CASUAL FIREFIGHTER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
8a.	8b. QUANTITY		8c.	8d.	
ARTICLE	ISSUED	RETURNED	DESCRIPTION	REMARKS	
(1) AX *					
(2) BAG, sleeping, cloth *					
(3) BAG, sleeping, paper	1				
(4) BLANKET					
(5) CANTEEN, non disposable					
(6) EFF PACK	1				
(7) FIRST AID KIT					
(8) HAT, hard					
(9) LAMP, head					
(10) LANTERN *					
(11) PANTS, flame resistant *					
(12) PULASKI					
(13) PUMP, backpack					
(14) SAW *					
(15) SHELTER, fire					
(16) SHIRT, flame resistant *	1		large		
(17) SHOVEL *					
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					
(26)					
(27)					
(28)					
Items in "Quantity Issued" column have been received.			Items in "Quantity Returned" column have been received.		
9. EMPLOYEE RESPONSIBLE (Signature)		10. DATE	11. PROPERTY CONTROL OFFICER (Signature)		12. DATE
Joe Firefighter		7/1/0x	Joe Supply		7/1/0x
* Indicate type and size, if applicable.					

NSN 7540-01-121-8824

Optional Form 290 (9-81)
USDA/USDI
50290-101

ALASKA Division of Forestry						Warehouse <input type="checkbox"/> Issue <input checked="" type="checkbox"/> Return		Requisition No:	
From: Supply		To: Joe Firefighter		Fire Name: Fish Creek		Fire No.: 111246		Date Needed	
Mode of Transportation: (GBL No.)				Account Code:		Resource Order No:			
Order Request Number	Catalog Number	ITEM DESCRIPTION (Property Number if Applicable)				Qty.	Unit Issue	Weight	
	0579	Shirt, Fire, Large				1	EA		
	0022	Bag, Sleeping				1	EA		
Issued By: 				Date:		Total Pieces/Weight:			
Received By: Joe Supply				Date: 7/12/0X		Posted to Inventory: By:			
Comments:									

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State of Alaska
LOST-STOLEN-DAMAGED PROPERTY REVIEW
(See State Property Manual for Instructions)

No. 48274

1. Department Natural Resources		2. Division Forestry		3. Section	4. Date 8/10/XX
5. Property Location Tok		6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged, repairable <input checked="" type="checkbox"/> Destroyed		7. Police Notified <input type="checkbox"/> Yes, attach report <input checked="" type="checkbox"/> No, explain in 13	
8. Serial No. 37205	9. Description One Stihl 036 chainsaw				10. Class Code
11. Tag No. 10-13788					12. Value \$ 360
13. Circumstances (Include Names of Witnesses): Chainsaw was placed on a pallet of cubies and the forklift came by and knocked it off, driving over it, breaking the bar and cracking the motor casing.					
Signature of Custodian Ada McKenzie		Printed Name & Title Ada McKenzie, Warehouse Mgr.		Date 8/11/XX	

COMPLETE 14-18 AND EXPLAIN ACTION TAKEN

14. I certify that, to the best of my knowledge, the above is true and correct.		
Negligence apparent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, has disciplinary action been taken?		
Explain precautions taken to safeguard State property. Warehouse staff told to not stack things precariously and forklift drivers to be more careful.		
Signature of Immediate Supervisor David Pflugrad		Date 8/11/XX
15. I <input checked="" type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken. RECOMMENDATIONS: Only those already given.		
Signature of Division Director Hilda Hooper		Date 8/12/XX

REPORT OF REVIEW

16. The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies. RECOMMENDATIONS:		
Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		
Signature of Department Property Officer		Date
17. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended. RECOMMENDATIONS:		
Signature of Commissioner or Designee		Date
18. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings; item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory. RECOMMENDATIONS:		
Signature of State Property Manager		Date

02-637 (12/92)

STATE PROPERTY MANAGER

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PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. Flame Fighters	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address) P.O. Box 222 Fairbanks, AK 99707	
4. ISSUING OFFICE OR CAMP NAME Delta Area			
5. FIRE NAME Quartz Lake	6. FIRE NO. 73X32172	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't. <input checked="" type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a. 1 Levi jean jacket Size 42		\$45.00	
b. 1 Set Englund Marine rain gear		\$89.00	
c. 1 Eagle Creek day pack		\$36.00	
9. Employee report on circumstances of loss or damage to property listed: I was told to leave my gear at Helispot A while on the line on 6/27. A windshift sent the fire across the helispot and my day pack with raingear and jacket burned up.			
10. SIGNATURE Gale Lagace		11. DATE 6/29/XX	
12. Witness report: I was in camp next to the helispot when it burned over. Most gear was saved, but not Gale's.			
13. SIGNATURE Thomas Martin, Crew Boss		14. DATE 6/30/XX	
15. Fire Boss or Property Control Officer comments regarding loss or damage: Gale was ordered to leave her gear at the helispot and it burned up when the wind changed + the helispot burned over. I recommend we replace the above gear at the price guide allowance.			
16. SIGNATURE Dirk Pitt		17. TITLE Incident Commander	
		18. DATE 7/2/XX	

NSN 7540-01-124-7634

ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81)
USDA/USDI
50289-101

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't. <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed:			
10. SIGNATURE		11. DATE	
12. Witness report:			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE	17. TITLE	18. DATE	



State of Alaska

LOST-STOLEN-DAMAGED PROPERTY REVIEW

No. 478

(See State Property Manual for Instructions)

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged, repairable <input type="checkbox"/> Destroyed		7. Police Notified <input type="checkbox"/> Yes, attach report <input type="checkbox"/> No, explain in 13
8. Serial No.	9. Description		10. Class Code
11. Tag No.			12. Value \$
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian			
Printed Name & Title			
Date			

COMPLETE 14-18 AND EXPLAIN ACTION TAKEN

14. I certify that, to the best of my knowledge, the above is true and correct.		
Negligence apparent: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has disciplinary action been taken?		
Explain precautions taken to safeguard State property.		
Signature of Immediate Supervisor		
Printed Name & Title		
Date		
15. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken.		
RECOMMENDATIONS:		
Signature of Division Director		
Printed Name & Title		
Date		

REPORT OF REVIEW

16. The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies.		
RECOMMENDATIONS:		
Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		
Signature of Department Property Officer		
Printed Name & Title		
Date		
17. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended.		
RECOMMENDATIONS:		
Signature of Commissioner or Designee		
Printed Name & Title		
Date		
18. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings; item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory.		
RECOMMENDATIONS:		
Signature of State Property Manager		
Printed Name		
Date		

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MEALS, LODGING AND TRAVEL

Meals and Lodging on Fire Assignment

Methods of providing meals and lodging for personnel on fire assignment vary. Based on the best interests of providing suppression and preparedness services to the state, the ordering office defines if personnel will be subsisted, or whether they will be required or allowed to subsist themselves. The requesting office, when ordering personnel or at any time during an assignment, is responsible for documenting and communicating to affected employees whether the person will be:

- Subsisted by the requesting office
- Partially subsisted, with lodging and/or meals provided by the requesting office
- Required or allowed to subsist themselves

The requesting office may provide the meal(s) or lodging at any time for the duration of an assignment, or portion of any assignment, even if meal allowances had been previously authorized. Depending on the situation, the State or a requesting office may provide meals in camps or dining halls, order from vendors to feed groups, provide fresh food boxes and MREs, issue meal coupons, or authorize meal allowances, in accordance with the attached procedures.

Employees utilized overnight may be required to camp on-site at an incident, stay in field quarters, lodge in provided facilities, or pay for their own lodging and be reimbursed at a later date.

Personnel assigned to fire support activities at their established duty stations are responsible for providing their own meals. Personnel assigned to a support base away from their normal duty station (home administrative unit), are entitled to subsistence. The Area/Regional Forester may authorize written exceptions because of extremely high fire activity.

Reimbursement will be done via an appropriately documented travel authorization form (TA). Reimbursement will not be paid to an employee for those portions of any assignment or trip where the agency elects to subsist (meals and/or lodging) an individual.

Using Meal Coupons

Non-transferable meal coupons with a date of authorized service and authorized amount will be issued daily to fire personnel who are on resource orders away from their duty station. Meal coupons are to be used ONLY in the Area in which they are issued; they are not transferable between Areas. Incident personnel are eligible for a subsistence meal when they are away from their normal duty station for more than three consecutive hours during established meal periods. Standard meal rates are paid to participating vendors who must return the meal coupons with an invoice to the issuing Forestry Office. Meal periods and allowable meal rates are as follows:

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<u>MEAL</u>	<u>FROM</u>		<u>TO</u>	<u>AMOUNT</u>
Breakfast	0001	to	1000	\$8
Lunch	1001	to	1500	\$9
Dinner	1501	to	2400	\$19

Breakfast, lunch, and dinner maximum amounts remain constant with a daily total of \$36 per person. If the subsisted employee elects to purchase meals from a single vendor (e.g., grocery store), then a separate coupon must be obtained for each meal. No combining of meals on one coupon will be allowed. Only one amount may be circled on each coupon. Meal coupons may be used at participating grocery stores for food/non-alcoholic beverage purchases only. Items such as can openers, utensils, plates, etc., do not constitute a food purchase. Gratuities, taxes, non-food items, alcoholic beverages, gas, or any other goods or services are not allowable purchases with meal coupons. Coupons are only valid on the date shown on the coupon face. If the coupon isn't used on the assigned date, it must be voided and sent in to the issuing office. Personnel may be subject to disciplinary action for misuse of the coupons.

Contract Meal Option

In a large expanded fire situation without the benefit of a caterer, where sack lunches are out of the question, it would be appropriate to have a vendor provide the meal. The Division of Forestry Diner Sign In Sheet should be attached to the vendor invoice as backup documentation for reimbursement.

Meal Coupon Security

Meal coupons will not be stamped with the dollar amount stamp until the coupon is being issued. Coupons are numbered and will be kept in a secure area of the warehouse and will be a cataloged stores item. Ordering meal coupons from the warehouse will be handled the same as any other warehouse order. Once the order is received, the coupons should be kept in a secure location. The dollar amount stamp will also be kept locked, but not in the same place as the coupons when feasible.

Solicitation for Meals and Lodging

Prior to the fire season, and periodically as needed, each Logistics office shall contact local vendors with a letter soliciting them to provide meal and lodging services to incident personnel. Each vendor interested in providing the requested services should complete the appropriate Vendor Information and Offer Form (see page 8) and return it to the DOF office issuing the solicitation. Each Logistics office will compile a list of restaurant, grocery, and hotel vendors who have responded favorably.

Instructions to Complete Meal Coupons

Forestry meal coupons are numbered. To validate a meal coupon, the amount stamp needs to be imprinted on the face of the coupon, and the amount indicating the appropriate meal will be circled, and the amounts that do not apply are crossed off. The date of use shall be entered. The

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user's name is the employee spending the meal coupon. The authorized signature is the name of the person authorized by the Region or Area Forester to issue meal coupons. After each coupon is completed, it should be logged on the "Meal Coupon Log" (see page 9).

Processing Meal Coupons for Payment

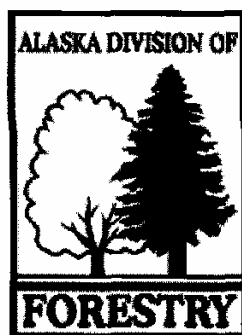
The State does not pay taxes, and they must not be included on the invoice. Only meals are authorized on a meal coupon. Other charges such as alcoholic beverages, any amount over the meal limit, gratuities, etc., will be paid by the employee. No change should be given back to the employee should the value of the meal end up being less than the value of the coupon. Please refer to the back of the meal coupon for appropriate use (see page 12).

The vendor will be paid for the face value of each original meal coupon returned for payment and accompanied by an invoice (see page 4). Along with returning the original coupons, the itemized billing must include the following information:

# of \$8 coupons being presented	_____	x	\$8 =	\$	_____
# of \$9 coupons being presented	_____	x	\$9 =	\$	_____
# of \$19 coupons being presented	_____	x	\$19 =	\$	_____
			Total	\$	_____

The original invoice will be sent to the issuing Area or Regional office for verification and coding. The Regional FMO or authorized personnel will approve the payment, and the invoice will then be sent to the Anchorage Travel Section for final processing.

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FORESTRY MEAL PROGRAM BILLING FORM

Please complete and submit this document with (or in place of) your regular invoice to:

**State of Alaska
Division of Forestry**

AK
ATTN: Accounts Payable

Invoice # _____	Invoice Date _____, 2004
Vendor _____	
Address _____	
City _____, AK	Zip _____
Phone _____	Fax _____

MEAL COUPON PROGRAM **Original Coupons Must Be Attached TOTAL DUE \$ _____**

Coupon Type	Quantity		Total
Breakfast		x \$8.00 ea	
Lunch		x \$9.00 ea	
Dinner		x \$19.00 ea	

CONTRACT MEAL PROGRAM **Diner Sign in Sheet Must Be Attached TOTAL DUE \$ _____**

Date Provided	Meal	Quantity Provided		Total	FOR AGENCY USE ONLY	
	Breakfast		x \$8.00 ea	\$	Fire Name	Charge Code
	Lunch		x \$9.00 ea	\$		
	Dinner		x \$19.00 ea	\$		

SACK LUNCH PROGRAM TOTAL DUE \$ _____

Date Provided	Meal	Quantity Provided		Total	FOR AGENCY USE ONLY	
	Lunch		x \$9.00 ea	\$	R.O.# / S# /attach manifest	Charge Code

*****FOR AGENCY USE ONLY*****

Amount	Collocation Code	Ledger Code	Account Code

Approving Signature _____ RD Code _____ Date _____

Revised December 2003

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Lodging

Dispatch or assigned personnel will call the vendor and make reservations for any required rooms needed. When lodging is procured, an entry will be made on the Lodging Log (see page 10). This will allow accounting staff to reconcile and expedite the invoices for payment. The State does not pay taxes.

Itemized billing must include the following:

- Date(s) of service
- Names of incident personnel for each room charged
- Room rate per night – per written agreement
- Total amount due

The original invoice will be sent to the ordering Area or Regional office for verification and coding. The Regional FMO or authorized personnel will approve the payment, and the invoice will then be sent to the Anchorage Travel Section for final processing.

Documenting Travel on Assignment

General information and responsibilities for documenting assignment and travel is summarized below.

When requests for personnel resources are received, Logistics/Dispatch coordinates assignments, documenting need for personnel and identifying the requirements of the employee (Red Card Qualifications, EFF rate, lodging and subsistence provision, transportation, etc.). Resource Orders must be issued prior to assignment travel, and supervisory pre-approval of an employee's availability for assignment must be obtained. The employee will not be reimbursed for vehicle rental unless the need for a vehicle is documented on the Resource Order.

Logistics makes arrangements and communicates plans for initiation of assignment travel. They coordinate with employees to communicate and transmit specifics of travel and arrangements (including copies of resource orders, itineraries, schedules, tickets, reservations, and transportation arrangements).

Employees need to retain all pertinent information related to the travel and assignment, including:

- Original lodging receipts, if lodging is not provided by the requesting agency
- Boarding passes, travel itineraries, ticket receipts, etc.
- Record of departures and arrivals by location during travel
- Travel times, route changes, locations and timing during travel, mode of transportation
- Time accounting records, including documentation of allowable R&R if provided
- Original receipts for all incidental expenses (taxis, fuel, etc.)

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No travel advances will be issued or reimbursed for meals allowed when agency-provided subsistence is available.

Logistics and incident personnel coordinate returns from assignment. Deviation from direct returns after release from an assignment requires supervisory pre-approval, a leave request, or advance scheduling and approval of time off. Any additional expense associated with travel interruption for employee convenience must be borne by the employee.

Home units should be contacted immediately by the employee on return from assignment, and travel documentation submitted within 5 days. Documentation on a travel authorization form must be of sufficient detail (with items such as times, locations, receipts, boarding passes, approvals, itineraries, explanation of changes, resource orders, leave slips, etc.) to accurately process the claim. Extenuating circumstances and travel delays should be explained in the body of the TA or on an accompanying piece of paper.

Compensable Time

Time spent traveling from the lodging site to the work site is not compensable, e.g., from a hotel to a dispatch center. Time spent traveling from a “pick up point” to the work site is compensable, e.g., from fire camp to a drop point.

R&R

See the R&R section of Chapter Two – Incident Payroll

Vehicle Rentals

Requests for employees to rent vehicles while on assignment must be documented on the resource order by the requestor. **All other (i.e. non-fire) vehicle rental requests must be documented on the pre-approved TA and approved by someone with delegated travel approval authority. Always decline extra insurance coverage.**

Travel Interruption or Deviation for Employee Convenience

Travel must be via the most direct and efficient means. Any deviation requires prior home unit supervisory approval. Any additional time or expense resulting from an interruption or deviation for an employee’s convenience shall be borne solely by the employee.

Web address for travel

The DOA/DNR Combined travel and moving policy and procedures manuals are located at <http://www.dnr.state.ak.us/ssd/fin/travel/tofc.htm>.

Per diem rates to the lower 48

<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd04d.html>

On October 1 each year the per diem website changes in that the fiscal year is reflected near the file extension. On October 1, 2004, the URL will change in that the 3 will become a 4.

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SOA DIVISION OF FORESTRY AREA OFFICE LETTERHEAD

SAMPLE LETTER - Preseason Solicitation of Vendor Interest

Date

Attention: Interested Vendors

Subject: Meals for Forestry Personnel – 200X Season

The Alaska Department of Natural Resources, Division of Forestry, is soliciting interest from local vendors willing to provide meals to Forestry staff and emergency firefighters on an as-needed basis during the 200X season. The process for the upcoming fire season has been streamlined and changed from prior years.

Insert information specific to area office, if applicable - - for example, information vendors should include on billing, types of items acceptable in sack lunches, (un)predictability of need, amount of advance notice vendors can expect for large-volume orders, the times of the season during which vendors may expect the most business, etc.

We request that vendors review the attached information, sign, and return the attached agreement form if interested in providing the required services. Vendors will be required to provide services in compliance with the terms and conditions stated on the attached agreement. In return, and with substantiating documentation defined by agreement, the Division of Forestry will provide payment for services in accordance with the established rates.

If you are interested in providing these services, please submit the attached Vendor Information and Offer Form to: ***Area Office and Address***. If you have any questions or need assistance to respond, please contact ***Name at Phone #***.

Sincerely,

Name
Title

Attachments: Vendor Information and Offer Form
Sample Forestry Meal Coupon

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Vendor Information and Offer Form
Forestry Meal Program - 200X Season
State of Alaska Department of Natural Resources
Division of Forestry

Issuing Forestry Office: _____

Participating vendors in the Division of Forestry Meal or Lodging Program will agree to the following:

1. Accept completed Forestry Meal Coupons from Forestry personnel as payment for meals and non-alcoholic beverages.
2. Ensure the date of meal service matches the date stamped on the Forestry Meal Coupon.
3. Furnish meals from the published menu up to the value stamped on the Forestry Meal Coupon: \$8.00, \$9.00, or \$19.00. (Regardless of the actual meal amount, vendors will receive the total face value of the coupon. The vendor must collect separately from the individual for meal service exceeding the value of the coupon, and for non-food items and alcoholic beverages.)
4. The State of Alaska is not responsible for the cost of alcoholic beverages, non-food items, and gratuities.
5. Bill the issuing Division of Forestry office at least once every 30 days for the meals/services.
6. Include the original Forestry Meal Coupon(s) with the invoice. No receipts required. (Payment will not be made without submittal of original coupons.)
7. Exclude tax for meals.

Vendor Information – Businesses interested in providing meal services should provide the following information and return the form to the Forestry Office identified at the top of this page.

Name of Business (as shown on License): _____

D.B.A. (if business under different name): _____

Type of Business Entity (Circle One): Sole Proprietorship / Partnership / Corporation

Tax I.D. # or SSN #: _____

Mailing Address (Street): _____

City/State/Zip: _____

Phone Number: _____

Primary Contact Name: _____

Daily Hours of Operation: _____

Meals Served:

Breakfast Served?

Yes / No

_____ A.M. to _____ P.M.

Hours Served: _____

Lunch Served?

Yes / No

Hours Served: _____

Dinner Served?

Yes / No

Hours Served: _____

Take Out Orders?

Yes / No

Advance Notice Requirement: _____

Sack Lunches?*

Yes / No

Advance Notice Requirement: _____

* Sack lunches (typically 16 to 40 lunches needed) each consisting of at least two meat sandwiches (or substitute acceptable to the Forestry Office), fruit, chips, pop and either cookies, pie or cake. (Sandwiches should be made dry with individual condiment packages included in the sack.)

Delivery Area (if applicable): _____

Type of Food Offered: _____

Distance from Forestry Office: _____

Lodging Provided

Singles

Doubles

Smoking

Non-Smoking

Authorized Signature: Yes, the business above has read, understood and will comply with the terms of this offer and are interested in furnishing meals and service as stated above.

Offeror's Signature: _____

Date: _____

Forestry Meal Agreement Master – Rev. 3/24/00

For Accounting Use Only:

Date of Inception (PVN current & valid): _____

MEAL COUPON LOG
200 _____

Issuing Office

[illegible]

LODGING LOG
200_____

Issuing Office

[illegible]

TRAVEL AUTHORIZATION						TRAVEL AUTHORIZATION NO.		DATE	
NAME OF TRAVELER Justin Time				TITLE Forestry Technician III		SOCIAL SECURITY NUMBER 333-44-5555			
EMPLOYEE WARRANT ADDRESS P.O. Box 1000, Delta AK 99737						EMPLOYEE RESIDENCE ADDRESS same			
DEPARTMENT Natural Resources			DIVISION Forestry		BARGAINING UNIT GGU		WORK STATION Delta, AK		
PURPOSE OF TRIP Fire assignment to Salmon, Idaho ID-SCF-001, O-56									
FINANCIAL CODING 10310130-73X00123		ESTIMATED COSTS	TRANSPORTATION		PER DIEM		OTHER **		TOTAL \$0.00
ITINERARY		FROM Fairbanks		DEPARTURE DATE/TIME 9/10/OX, 2100		TO Salmon, ID		RETURN DATE/TIME 9/27/OX, 1230	
APPROVALS		DIVISION (IN-STATE)		DATE		DEPARTMENT (OUT-OF-STATE)		DATE GOV.(OUT-OF-COUNTRY ONLY) DATE	
ACTUAL COSTS									
DATE		EXPLANATION				MILES X RATE	MILEAGE OR CASH FARE		PER DIEM, OR LODGING M&IE OTHER
9-10-0X		Depart Delta 2100, via SOV (State Owned Vehicle)							
		Arrive Fairbanks, 2300							\$22.00
9-11-0X		Depart Fairbanks 0105, via Alaska Airlines							
		Arrive Salmon, ID 1325							\$18.00
9-12-0X to 9-25-0X		On Duty Earthquake Fire, meals provided							
9-26-0X		Depart Salmon, ID 0600, via Delta Airlines							cab to hotel
		Arrive Fairbanks, 2300					\$75.00 \$38.00		\$11.00
9-27-0X		Depart Fairbanks 0900, SOV							
		Arrive Delta 1100							\$9.00
CLAIMANT'S CERTIFICATION: The facts stated herein or on supporting documents are correct and in accordance with established travel regulations, and unused tickets were returned.					SUBTOTALS THIS PAGE			\$75.00	\$87.00 \$11.00
CLAIMANT'S SIGNATURE:					PAGE 1 OF 2 PAGES TOTAL ALL PAGES \$173.00				
BTA, CTA, INVOICE NO.		ISSUED TO				AMOUNT		DATE	
3999		US Travel				\$537.20		9-9-0X	
								TRAVEL ADVANCE \$	
								FINAL PAYMENT	
								\$	
PVN	JRC 88113	BATCH/SEQUENCE NUMBER							
Amount	SY	CC	PGM	LC	ACCT	FY	COMMENTS:		
\$162.00	OX	10310130	-	73X00123	72603	OX			
\$11.00	OX	10310130	-	73X00123	72314	OX			

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15701

Forestry Meal Coupon

~~\$8 \$9 \$10~~

NORTHERN REGION FORESTRY

NON-TRANSFERABLE

(print) Valid Only on Date: 7-12-0X

User's Name: Joe Firefighter

Authorized Signature: Yamen Smith Fire #: 73X11289

Division of Forestry

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Forestry Meal Coupon

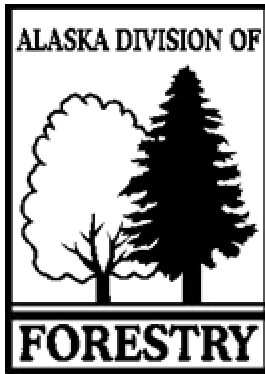
This coupon is NON-TRANSFERABLE from personnel to whom it was issued and VALID ONLY for:

- Amount stamped on the face of the coupon (\$8, \$9, or \$19);
- Use only on the date listed on the front;
- Use only by Forestry fire personnel printed on front and;
- Food items and non-alcoholic beverages.

STATE FUNDS MAY NOT BE USED TO PURCHASE OR PAY FOR GRATUITIES, ALCOHOLIC BEVERAGES, NON-FOOD ITEMS OR TAXES.

ONLY service providers who have entered into an agreement with the Division of Forestry may redeem this coupon for the amount on the front. Service must be in compliance with the terms of the agreement, and completed meal coupons and bills submitted to the Forestry Area Office with which the agreement was signed. Refer to *Vendor Information & Offer Form*.

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
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FORESTRY MEAL PROGRAM BILLING FORM

Please complete and submit this document with (or in place of) your regular invoice to:

**State of Alaska
Division of Forestry**

_____**AK**_____
ATTN: Accounts Payable

Invoice # _____	Invoice Date _____, 2004
Vendor _____	
Address _____	
_____, AK _____	
City _____	Zip _____
Phone _____	Fax _____

MEAL COUPON PROGRAM ****Original Coupons Must Be Attached**** **TOTAL DUE \$ _____**

Coupon Type	Quantity		Total
Breakfast		x \$8.00 ea	
Lunch		x \$9.00 ea	
Dinner		x \$19.00 ea	

CONTRACT MEAL PROGRAM ****Diner Sign in Sheet Must Be Attached**** **TOTAL DUE \$ _____**

Date Provided	Meal	Quantity Provided		Total	FOR AGENCY USE ONLY Fire Name Charge Code
	Breakfast		x \$8.00 ea	\$	
	Lunch		x \$9.00 ea	\$	
	Dinner		x \$19.00 ea	\$	

SACK LUNCH PROGRAM **TOTAL DUE \$ _____**

Date Provided	Meal	Quantity Provided		Total	FOR AGENCY USE ONLY R.O.# / S# /attach manifest Charge Code
	Lunch		x \$9.00 ea	\$	

*******FOR AGENCY USE ONLY*******

Amount	Collocation Code	Ledger Code	Account Code

Approving Signature _____ RD Code _____ Date _____

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VEHICLE & AIRCRAFT ACCIDENTS

Purpose

The purpose of this chapter is to assure all accidents involving state owned, leased or rented equipment are reported properly and in a timely manner. Areas covered include:

- Introduction and General Information
- Procedures for Vehicles
 1. What to do in case of an accident and when should an accident be reported
 2. What forms are used and for what type of vehicles
 3. Where to Submit Forms - Forms Matrix
 4. Personal Vehicle use for State Business
- Procedures for Aircraft
 1. What to do in case of an accident
 2. PPM 2662
 3. PPM 2664

Introduction and General Information

The Department of Administration, Division of Risk Management, is charged with the administration of insurance claims and development of claims reporting procedures. Employees requiring information or assistance should contact Risk Management at (907) 465-2180 or the Division of Forestry Procurement Specialist at (907) 269-8461.

All accidents or incidents which create a possible claim against the State of Alaska must be reported promptly by the employee citing: date, time, location, names of those involved, and witnesses. Include any other information that is available. The report should be reviewed, approved, and signed by the Area or Regional Forester.

IN THE EVENT OF A SERIOUS ACCIDENT INVOLVING DEATH, BODILY INJURY, OR EXTENSIVE PROPERTY DAMAGE, AN IMMEDIATE ORAL REPORT FOLLOWED BY A WRITTEN REPORT SHOULD BE MADE TO RISK MANAGEMENT (907) 465-2180. IMMEDIATE NOTIFICATION SHOULD ALSO BE MADE TO THE AREA/REGION.

There is a difference between “Automobile Liability Coverage” and automobile Physical Damage (Collision) Coverage. The State of Alaska is “Self-Insured” and does not provide “Automobile Physical Coverage” for State-owned vehicles. This means that Risk Management does not pay for the repairs of a damaged State-owned vehicle resulting from any cause including an accident. The repairs of a State-owned vehicle are the responsibility of the agency to which the vehicle is assigned, and are handled by the Department of Transportation and Public Facilities (DOT&PF) according to their established procedures. Risk Management would only cover a State-owned vehicle if the damage occurred while contained inside an

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insured building. The vehicle then becomes insured contents. The coverage is only for the peril of fire and has a \$1,000.00 deductible, which is paid by the agency. The State of Alaska does provide “Automobile Liability Coverage” which would cover a non-state or private vehicle involved in an accident.

DOT&PF is responsible for normal wear and tear on state-owned vehicles, but agencies may be responsible for repair of damage due to other than normal wear and tear.

Major claim notices should have a completed Supervisor’s Accident Investigation Report attached. These reports are used to identify hazardous conditions or practices, and will aid in preventing future accidents.

Passengers not engaged in State business are not to be allowed as passengers in State vehicles. Non-state business passengers in your personal vehicle are not covered by the State.

All State employees are cautioned to **never accept liability**, nor make any statements alluding to guilt, nor furnish information on accidents to unauthorized persons. Obtain names and addresses of witnesses on all potential liability claims.

Procedures for Vehicles

1. What to do in case of an accident, and when an accident should be reported as follows:

- Any State-owned, leased or rented vehicle that is involved in an accident shall be reported.
- If a vehicle accident involves bodily injury, or if the damage exceeds \$2,000.00, AS 28.35.080 (a) requires that the accident is reported to the local police department or to the Alaska State Troopers. The employee’s immediate supervisor will be notified as well as Risk Management at (907) 465-2180.
- If there are no bodily injuries and the damage is less than \$2,000.00, AS 28.35.080 (b) requires that the driver of the vehicle make a report to the Division of Motor Vehicles, within 10 days, using form #12-209 – State of Alaska Motor Vehicle Accident Report. The employee’s immediate supervisor will be notified.

IN THE EVENT OF A SERIOUS ACCIDENT INVOLVING DEATH, BODILY INJURY OR EXTENSIVE PROPERTY DAMAGE, AN IMMEDIATE ORAL REPORT FOLLOWED BY A WRITTEN REPORT SHOULD BE MADE TO RISK MANAGEMENT (907) 465-2180.

2. What forms are used and for what type of vehicles

- State-owned Vehicles
- Leased Vehicles
- Short-term Rental Vehicles
- Emergency Equipment Rentals
- Personal Vehicle Use

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State-owned Vehicles

If a State-owned vehicle is involved in an accident, the State employee (the driver) must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #12-466 (1/85). List owner as State of Alaska
5. If damaged equipment is a total loss, a Lost-Stolen-Damaged Form #02-627 must be used

Leased Vehicles

A leased vehicle would be defined as a vehicle with a long term lease from a dealer in lieu of a State-owned vehicle. The State of Alaska does not provide Collision Coverage for State-leased vehicles. The repairs of State-leased vehicles are the responsibility of the agency assigned the vehicle.

If a leased vehicle is involved in an accident, the State employee must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #12-466 (1/85) List owner as State of Alaska

Short-term Rental Vehicles

A short term rental is usually defined as an auto rental of 14 days or less, but in the case of suppression activities, may frequently be of a longer duration. This most often consists of a standard auto rental from a national auto-rental company. For insurance purposes, there are two distinct classifications of auto rentals:

1. A mandatory contract exists for rental vehicles in the cities of Anchorage, Fairbanks, and Juneau with Budget. The contract specifies that the vendor will be responsible for both the physical damage and liability coverage (subject to their policy limits) for the rental vehicles.

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2. All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan.

If a rental vehicle is involved in an accident, the State employee must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury), the report must be filed within 10 days to the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Any accident report required by the rental agency.
5. For out-of-state please follow applicable state guidelines.

Emergency Equipment Rentals

It is important to be cognizant of the type of agreement in place with the vendor for the particular piece of equipment. If a vehicle rented **with contractor-provided operator** sustains damage, document the damage on:

- Vehicle/Heavy Equipment Inspection Checklist #OF-296 (or a separate piece of paper). The contractor may file a claim for the damage, but unless the State was in some way negligent, it will be denied. Claims may be adjudicated on the incident if it is expedient to do so and the dollar amount involved is not significant. Otherwise these claims are handled by the Regional FMO.

If a vehicle rented **without contractor-provided operator** sustains damage while in the State's custody, and the contractor wishes to file a claim, document the damage on:

- Vehicle/Heavy Equipment Inspection Checklist #OF-296 (or a separate piece of paper). Include all pertinent information. Claims may be adjudicated on the incident if it is expedient to do so and the dollar amount involved is not significant, otherwise, these claims are handled by the Regional FMO.

The contractor should obtain three quotes for repair unless the damage is so minor as to be adjudicated on the incident.

The Regional FMO, in conjunction with Northern Adjusters as necessary, will adjudicate the claim if it is not already done at the incident. If approved, the Fiscal Section in Juneau will be notified to issue a warrant, or the amount agreed upon can be added to the Equipment Use Invoice. If denied, the claimant will be notified, with the next appeal step being the State Forester.

The claimant will be given 30 days to appeal.

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3. Where to Submit Forms

All accidents or incidents involving State-owned, leased or rented equipment, must be reported to:

1. Immediate supervisor
2. Regional Forester or Fire Management Officer (FMO)

All applicable forms will be routed through: (staff is only responsible for assuring the appropriate forms are forwarded to the Regional Administrative Assistants)

Regional Administrative Assistants

- Northern Region – Karen Gordon
State of Alaska/Dept. of Natural Resources/Div. of Forestry
3700 Airport Way
Fairbanks, Alaska 99709-4699
- Coastal Region – Paula Kelley-Aiken
State of Alaska/Dept. of Natural Resources/Div. of Forestry
101 Airport Rd.
Palmer, Alaska 99645

Copies to:

1. State of Alaska/Dept. of Natural Resources/Div. of Forestry
550 W. 7th Ave., Suite # 1450
Anchorage, Alaska 99501
Attn: Procurement Specialist
(907) 269-8461
2. Department Of Natural Resources/Division of Administrative Services/Property Officer
550 W. 7th Ave., Suite #1230
Anchorage, Alaska 99501-1361
Attn: Debbie Denny
(907) 269-8665
(907) 269-8909 fax
3. State of Alaska/Risk Management
P.O. Box 110218
Juneau, Alaska 99811-0218
(907) 465-2180

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4. Northern Adjusters, Inc.
1401 Rudakof Circle
Anchorage, Alaska 99508
Phone: (907) 338-7484
(907) 338-6364 fax
-Or-
44539 Sterling Hwy, Suite 205
Soldotna, Alaska 99669
(907) 262-4468
-Or-
3517 Rewak Drive
Fairbanks, Alaska 99709-4913
(907) 479-2294

4. Personal Vehicle Use for State Business

Liability - Alaska Statute requires all drivers to have auto liability insurance and establishes minimum amounts of coverage. Anyone using his or her personal vehicle on State business must have liability insurance.

In the event of an accident, your personal liability insurance will cover damages and medical expenses to another party up to the maximum amount of your liability coverage.

The State of Alaska will cover any liability exposure in excess of your own liability coverage, except in certain areas indicating improper performance as determined by the Attorney General's Office (e.g., driving while intoxicated).

Most insurance companies include incidental business use of a personal vehicle in their standard policy. Considerable or frequent business use may require an endorsement to your policy. Consult your insurance company for more information.

Collision - Your own collision insurance, if any, covers damage to your own vehicle while on State business. The State does not insure any physical damage to your vehicle while on State business. If another party is at fault you may be able to recover your damages through legal action brought by yourself or your insurance company on your behalf. The State of Alaska will not participate in any legal action brought on your behalf to receive damages as a result of an accident involving your personal vehicle while on State business.

Worker's Compensation - Any injury resulting in lost work time or medical expenses to a driver or other State employees riding as passengers while on official State business, will be handled as routine worker's compensation claim.

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Notification of Claims or Accidents - You are required by State law to notify the Department of Public Safety for any accident involving personal injury or damage totaling \$2000 or more. In addition to this, if you have an auto accident while on State business, you are required to complete a Liability Accident Notice (02-919), and forward it to the Division of Risk Management.

Passengers - Non-state business passengers in your personal vehicle are not covered by the State in any way.

Aviation

1. What to do in case of an accident:

Any injury sustained by the public, a state employee, or property damage involving a State owned, leased or operated aircraft will be reported immediately to:

Aviation Manager
Division of Forestry
101 Airport Road
Palmer, AK 99645
Phone: (907) 761-6271
Fax: (907) 761-6227

2. PPM 2662 SAFECOM Reports:

SAFECOM reports should be used to report any condition, observance, act, maintenance problem, or circumstances, which has potential to cause an aviation-related mishap. The DOF has placed an electronic SAFECOM report on the DOF internal aviation web site. Although any SAFECOM format will be accepted, it is highly recommended and requested by the State Aviation Manager that the electronic version be completed and sent to him as soon as possible. The electronic version allows for clear legible translation of what occurred, and should help to expedite the process of sharing information, which may require a prompt response from the Division. Aviation Policies and Procedures will be strictly adhered to and shall comply with NTSB 830.

3. PPM 2664 Aircraft Emergency Action Plan Requirements:

A copy of the Aircraft Emergency Action Plan is on location at each Area office. This document spells out the required steps for DOF personnel to take during various aircraft emergencies. Each Emergency Action Plan shall have procedures for at least the following situations:

OVERDUE AIRCRAFT

DOWNED AIRCRAFT- NOT AT AN AIRPORT

DOWNED AIRCRAFT-AT A CFR EQUIPPED AIRPORT

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**DOWNED AIRCRAFT-AWAY FROM A CFR EQUIPPED AIRPORT
AIRCRAFT INCIDENT (INCLUDING "MAYDAY")
SEARCH AND RESCUE (SAR)**

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☒ Auto ☐ Other

DEPARTMENT <u>Natural Resources</u>		SECTION <u>10</u>		LOC. CODE		DIRECTOR <u>Jeff Jahnke</u>	
DIVISION <u>Forestry</u>		REGION <u>Coastal</u>		LOC. NAME		SUPERVISOR <u>Bill Beebe</u>	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME <u>Owl</u>		FIRST NAME <u>Woody</u>		INITIAL <u>Z</u>		SPECIAL I.D. OR SOCIAL SECURITY NO. <u>123-45-6789</u>	
ADDRESS <u>P.O. Box 133 Anchorage AK</u>		ZIP <u>99504</u>		RESIDENCE PHONE <u>907-333-3333</u>		BUSINESS PHONE <u>907-761-6233</u>	
WHERE CAN EMPLOYEE BE CONTACTED? <u>907-761-6233</u>				WHEN? <u>Mon → Fri, 0800-1630</u>			
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS <u>5/3/0x 1130 A.M./P.M.</u>		LOCATION OF ACCIDENT (INCLUDING CITY & STATE) <u>Atwood Bldg, Anchorage AK</u>				POLICE TO WHOM REPORTED <u>N/A</u>	
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY) <u>While parking in the parking garage, hit a concrete beam with front fender on passenger side. Causing damage to right bumper</u>							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY	
VEHICLE NO. <u>33333</u>		YEAR <u>2000</u>		MAKE <u>Chevrolet</u>		MODEL <u>15 pax van</u>	
VIN (VEHICLE IDENTIFICATION NO.) <u>11GHA69X439</u>		PLATE NO. <u>33333</u>		PHONE			
STATE OWNED <input checked="" type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR					
NAME OF DRIVER <u>Woody Z Owl</u>		AGE <u>40</u>		ADDRESS OF DRIVER <u>P.O. Box 133, Anchorage AK 99504</u>		PHONE <u>907-333-3333</u>	
WAS DRIVER A STATE EMPLOYEE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE <u>Transporting pax to airport</u>				USED WITH PERMISSION? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE <u>Front right bumper and fender</u>				REPAIR ESTIMATE \$ <u>2000.00</u>		WHERE CAN VEHICLE BE SEEN? <u>Palmer Forestry Off</u>	
						WHEN? <u>M-F 0800-1630</u>	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE	
OWNER <u>N/A</u>		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?	
INJURED		INJURED		INJURED		INJURED	
NAME <u>N/A</u>		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH. OTHER VEH. OTHER	
WEEKS							
WITNESS		WITNESS		WITNESS		WITNESS	
NAME <u>John Hawkeye</u>		ADDRESS <u>P.O. Box 120, Wasilla, AK 99654</u>					
PHONE <u>907-345-6102</u>							
REMARKS <u>I was a passenger in the said vehicle when the accident occurred. Statements are true</u>							
DATE <u>5/3/0x</u>		REPORTED BY <u>Woody Z Owl</u>		REPORTED TO <u>Bill Beebe</u>		SIGNATURE (PREPARED BY) <u>[Signature]</u>	

02-919 (12/96) WHITE-NORTHERN ADJUSTERS' COPY CANARY - RISK MANAGEMENT'S COPY PINK - ORIGINATOR'S COPY

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property V-33333 driven by Woody Z Owl

Job or Activity at Time of Accident Driving passengers to airport Date of Accident 5/3/04

Exact Location Parking garage at the Atwood Building, Time 1130am

1. WHAT HAPPENED? While parking in the parking garage, hit a concrete beam with the front right fender, damaging bumper and fender.
Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. WHY DID IT HAPPEN? Could not maneuver into parking space correctly due to other vehicles parking to close an angle, obscuring vision.

Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.

OPERATION FACTORS TO BE CONSIDERED:

Proper Equipment	Proper Material	Proper People
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. WHAT SHOULD BE DONE? Choose parking space without concrete beam obscuring vision of other vehicles
What action(s) will prevent similar accidents in the future?

4. WHAT HAVE YOU DONE THUS FAR? Counseled Mr. Owl on cost to State of repairs and on fact of being more cautious next time.
Take or recommend action, depending on your authority.

5. HOW WILL THIS IMPROVE OPERATIONS? Fewer cases of vehicle damage will result in less cost to the State
How will it help us meet our objective - ACCIDENT PREVENTION?

6. WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?

Cost of lost wage and medical expenses? 0

Damage to State property or equipment? \$2000.00

Damage to third parties, property and people? 0

TOTAL \$2000.00

Investigated By A Hipschmidt, Trans. Manager Date 5/4/04

Unit/Division/Department Coastal Zone / Forestry / Natural Resources

FORMS\INVESTIG

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA - DIVISION OF MOTOR VEHICLES
CERTIFICATE OF INSURANCE

CRASH INFORMATION	Crash Date: _____ Location: _____
DRIVER	Name: _____ Date of Birth: _____ License #: _____ State: <u>AK</u> Mailing Address: _____ Street or Box, City, State & Zip
OWNER OF VEHICLE	Name: _____ Date of Birth: _____ License #: _____ State: <u>AK</u> Mailing Address: _____ Street or Box, City, State & Zip
VEHICLE	Year: _____ Make: _____ Model: _____ License Plate #: _____ VIN: _____
INSURANCE	Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Insurance Company: _____ Policy Number: _____ Name and Address of Policyholder: _____ Policy Period: From _____ To _____
SIGNATURE	Your Signature: _____ Date: _____
Do not write below this line. The Division of Motor Vehicles will contact your Insurance Company.	

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed below. If indicated coverage was in effect at the time of the crash, no action is required.

REASON FOR DENIAL:

- | | | |
|---|---|--|
| <input type="checkbox"/> Policy Expired Before Crash | <input type="checkbox"/> Policy Number Given is Incorrect | <input type="checkbox"/> Lapse in Policy |
| <input type="checkbox"/> Policy Effective After Crash | <input type="checkbox"/> Driver Not Covered on Policy | <input type="checkbox"/> Other _____ |

Signature of Authorized Representative _____ Date _____

CUT ON LINE ABOVE. RETURN TOP PORTION ONLY.

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501.00, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR22 insurance); (4) a deposit of security and proof of future financial responsibility (SR22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR22 insurance), and pay a reinstatement fee of \$100.00 to \$250.00, in addition to the fee for the license you are requesting, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address will not invalidate the suspension if the notice was mailed to the last address you provided the driver's license office.

IMPORTANT: THE FORM ABOVE MUST BE FILLED IN AND SENT TO THE DIVISION OF MOTOR VEHICLES WITHIN 10 DAYS FROM THE DATE OF THE CRASH. A participant's accident report is also required if the crash was not investigated by a peace officer, and the total amount of damage exceeds \$501.00, or there was personal injury.

Mail Completed Form To:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING
2760 Sherwood Lane, Suite B.
Juneau AK 99801

JDL@admin.state.ak.us

www.state.ak.us/dmv/

466 REV. 11/2000

STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☐ Auto ☐ Other

DEPARTMENT		SECTION		LOC. CODE		DIRECTOR	
DIVISION		REGION		LOC. NAME		SUPERVISOR	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME		FIRST NAME		INITIAL		SPECIAL I.D. OR SOCIAL SECURITY NO.	
ADDRESS				ZIP		RESIDENCE PHONE	
WHERE CAN EMPLOYEE BE CONTACTED?				WHEN?			
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)				POLICE TO WHOM REPORTED	
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO			
VEHICLE NO.		YEAR		MAKE		MODEL	
VIN (VEHICLE IDENTIFICATION NO.)		PLATE NO.					
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				PHONE	
NAME OF DRIVER		AGE		ADDRESS OF DRIVER			
PHONE							
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE				USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN VEHICLE BE SEEN?	
						WHEN?	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE			
OWNER		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?	
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH. OTHER VEH. OTHER	
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE		REPORTED BY		REPORTED TO		SIGNATURE(PREPARED BY)	

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK



ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

PERSONAL PROPERTY CLAIMS

General Information

Note: This section deals **ONLY** with filing a claim for loss of or damage to personal or non-government property, not government property. To file a claim for loss of or damage to State property, please see Chapter 7 on Property Management.

Authorities and Responsibilities

Claims, or portions of claims, for personal property or required gear are handled within the Division of Forestry for values below \$5,000. The Department's Procurement Officer in Anchorage handles claims above that amount. All claims need to be documented by the claimant and recommendations made from within Forestry before forwarding to the Procurement Officer for final consideration. Examples of property loss include burned over personal gear or a broken mirror on a rental vehicle.

Any State employee may accept a claim. In doing so, the receiving employee will note the time and date he/she was provided the claim. The receiving employee must then **IMMEDIATELY** notify his/her supervisor and submit the claim either to that supervisor or to the nearest Area or Regional office.

All State employees are cautioned **never** to accept liability, nor should they furnish information on accidents to unauthorized persons. Always obtain names and addresses of witnesses on all potential liability claims.

A State employee should **never** instigate the filing of a claim by or for another person.

No State employee should ever voice his or her opinion about the validity of a claim or the likelihood of its outcome. If a State employee has direct knowledge regarding the potential validity of a claim, that information should be submitted in writing, signed and dated (providing your name, address, phone #, and incident #), through the same channels as the original claim.

When are Property Claims Generally Covered?

Property **may** be covered by Division of Forestry only when:

- Goods and equipment are required for the performance of the job or contract, or are otherwise allowable within the provisions of this chapter (see Maximum Personal Item Replacement Values on page 5).

AND

- It is determined that the State had some responsibility for the loss or damage.

AND / OR

- It is in the State's best interest to pay the claim.

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How to File a Claim

All employees or vendors have the right to file a claim. Detailed narratives stating facts and providing dates, times, names, phone numbers, and addresses of all involved parties are especially beneficial in the claims process. Photos and drawings also add substantial backup to understanding the circumstances in the case, and are highly encouraged.

Employee Claims On Assignment at a State of Alaska Area Office

- Fill out DOF “Property Loss/Damage Report,” (see pages 6).
- The employee’s incident supervisor will complete the “Supervisor’s Accident Investigation Report” (02-932, page 9).
- Get signed witness statements (printed home unit names, addresses and phone #s).
- Include narrative, if necessary, of the events.
- Make copies for the administering Area/Region files.
- Employee submits the claim through their home unit.

Employee Claims On Assignment at a State/Federal Fire in Alaska or in the Lower 48

Claims for personal property are generally done on home agency documentation and filed through the home unit. If possible, it is advisable to get an “S” number from ordering in the supply section for the lost/damaged items. Keep in mind, however, that issuance/receipt of an “S” number does not guarantee payment or reimbursement by the incident.

The Finance Unit on the incident should be notified of intent to file a claim and be provided with copies of the documentation that will be submitted to the claimant’s home unit. Administering agency paperwork may be required as well. If so, copies of those forms should be submitted with State of Alaska documentation to the home unit. In the absence of a Finance Unit on the incident, a copy should be given to the closest agency administrative office.

It is always beneficial to have supporting documentation when filing a claim – specifically, witness statements. Even if no one witnessed the event that led to the loss, it is still beneficial to have statements from individuals who may have knowledge of circumstances surrounding the loss. Be sure to have witness names and home unit information (addresses and phone numbers).

- Fill out DOF “Property Loss/Damage Report” (see pages 6).
- The employee’s incident supervisor will complete the “Supervisor’s Accident Investigation Report” (02-932, page 9) if on a State of Alaska fire. Otherwise, the employee will get a written statement from the supervisor addressing the nature of the loss, how it occurred, and what might prevent such incidents in the future.
- Get signed witness statements including printed home unit names, addresses and phone numbers.
- Include narrative, if necessary, of the events.

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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

- Make copies for the administering finance unit.
- Employee submits the claim through their home unit.

Personal items may be replaced through commissary purchases and paid for via commissary deduction. Reimbursement may be sought upon return to the home unit and submission of the claim.

Contractor or Third Party Claims

- DOF Property Loss/Damage Report filled out by contractor or third party filing claim.
- The incident supervisor (whomever is directing the work of the contractor) will complete the “Supervisor’s Accident Investigation Report” (02-932, page 9).
- Get signed witness statements (printed names, addresses and phone #s) from the incident personnel and contractor or third party involved
- Include narrative, if necessary, of the events.
- Get three bids for any item over \$1,000.
- Make copies for the incident, administering finance unit, and administering Area/Regions.
- Submit the claim to the administering Area Office.

Processing, Settling, Denying Claims

On-scene supervisors such as the IC, Ops, Logistics, and Finance Section Chiefs, and any liaison representing the State, as well as the Area Foresters must be immediately notified of actual or potential claims.

Authorities and Responsibilities

The Division, in the person of the Regional Fire Management Officer, has the authority to approve, deny, or settle claims for less than \$5,000. Claims greater than \$5,000 must be forwarded to the DNR Procurement Officer for consideration. In all instances, claims must be filed through an Area/Region office and on to the Regional Fire Management Officer.

The Area Office responsibility is to make recommendations to Forestry’s Regional Fire Management Officer. No claim may be approved or denied by an Area Office. Consideration and final determination for these claims (unless appealed) is made by the Regional Fire Management Officer, or Regional Forester in his absence.

Home Unit Procedure

An Area Forestry Office will have an opportunity to concur with the claim, disagree with it, or abstain from giving it support. After Area Forester review, the claim is forwarded to the Regional FMO for consideration.

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The Area Forester will sign the claim indicating whether he/she agrees that the claim is valid. **No claim should leave an Area office without the Area Forester's input.** All documentation should be copied and filed at the Area. All original documentation should be forwarded to the Regional Fire Management Officer (FMO) or Regional Forester for final approval/denial.

In instances where it is procedurally fair and in the best interest of the state to settle the claim of a contractor or a third party, and when claims are less than \$5,000, it is recommended that the Area Office explore recommending potential settlement options within the Division's delegated authority. These **"best interest settlements"** may be used if the following are all true :

- √ State had a responsibility, or State liability was evident, in the damage/loss
- √ A settlement is likely to limit greater liability or future liability to the state for the claim
- √ Both parties are available and able to reach natural justice
- √ Forestry staff to make a best interest settlement recommendation is knowledgeable about the damaged equipment
- √ Staff (and the Area Forester) involved in making a best interest settlement recommendation has no relationship or interest that favors or biases the recommendation
- √ State had influence or State exposure is present in the damage/loss

In these cases and where all of these conditions appear to be true, an Area Forester may appoint a staff member to work with the vendor to mutually define a reasonable and best-cost fair settlement as the basis for a recommendation to the Regional FMO or Regional Forester in the FMO's absence. It should be communicated to vendors and third party claimants that any negotiated settlement is only a recommendation and that final approval is vested with the Regional FMO or Regional Forester.

Areas' recommendations to their Region should be documented and justifiable.

Regional Procedure

The Regional FMO, upon receipt of the documentation, will make a determination (if less than \$5,000) on the claim or settlement recommendation. If a claim is greater than \$5,000, the Regional FMO will work with the Division Property Officer, Department Procurement officer, and Risk Management (as necessary) in an effort to make a determination about the claim. After being reviewed by the Regional FMO, claims greater than \$5,000 go to the DNR Procurement Officer.

Denial of Claim

If the claim is denied at the Regional level, the individual may appeal their claim to the DNR Procurement Officer in writing within 90 days per AS 36.30.620.

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Maximum Personal Item Replacement Values


The following schedule lists the maximum amount an employee will be reimbursed for an approved claim for personal items, not due to negligence or carelessness of the individual. Individuals who have lost personal gear should make a list of actual items lost, and their cost, and where possible, provide receipts showing purchase price. The list below should be restricted to Division Personnel involved in processing or approving the claim. This list should not be used to create a claim. Items claimed should be reflective of actual losses.

			<u>Maximum Amount</u> <u>Per Item</u>
1	ea.	Watch	42.00
1	set	Raingear (jacket & pants)	61.00
1	pr.	Leather boots 8" lace up	230.00
1	pr.	Boots, Rubber-bottom, field-type	80.00
1	ea.	Heavy jacket (e.g. lined denim)	82.00
1	ea.	Light jacket (e.g. unlined denim)	61.00
1	ea.	Sweatshirt	24.00
4	pr.	Workpants	38.00
4	ea.	T-shirts (printed type)	16.00
2	ea.	Work shirt (flannel/denim)	32.00
8	pr.	Socks: wool	9.00
		cotton	7.00
8	pr.	Underwear (briefs)	7.00
4	ea.	Bras	20.00
3	ea.	Bandanas	2.00
1	ea.	Tent (2-person)	169.00
1	ea.	Sleeping pad	49.00
1	ea.	Knife or Multi-Purpose Tool	56.00
1	ea.	Cap, ball; wool watch cap	14.00
1	ea.	Alarm clock	16.00
1	pr.	Athletic shoes	64.00
1	ea.	Flashlight	11.00
1	ea.	Duffel bag or backpack	41.00
1	ea.	Towel	9.00
1	ea.	Washcloth	4.00

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		Hygiene items not listed	50.00
1	pr.	Long underwear (shirt, pant, long, insulating)	41.00
2	pr.	Contacts/glasses/sunglasses	per hiring agency requirements
1	pr.	Shorts, Athletic	23.00
1	ea.	Blanket, space 5' x 7' size	9.00

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PROPERTY LOSS/DAMAGE REPORT Contractors & Employees (Complete the non-shaded areas)		 <div style="display: flex; justify-content: space-between;"> <div> State of Alaska Department of Natural Resources Division of Forestry </div> <div style="text-align: right;"> Date received _____ Received by _____ </div> </div> <div style="margin-top: 10px;"> <i>Use blue ink Print legibly</i> </div>		Date of Loss/Damage: / /			
Name and Address of Claimant:		Claim Amount: \$ _____		Date: / /			
		Contractor & Third Party Claims Only Recommended Settlement (if applicable) Amount: \$ _____					
		Settlement Proposed by - Staff Initials: _____ Vendor Initials: _____					
		Staff Recommending Settlement Amount: _____					
Tax ID or SSN: _____		Daytime phone: _____		Staff (adjudicator) Home Unit: _____			
Item No.	Quantity	Description of Item (Attach Photographs Showing Damage) List Make, Model and Serial Numbers for All Equipment	Date Purchased	Original Purchase Price	Value per Item	Amount Claimed	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
If there are more items or more room is needed, attach a separate page. Three bids or estimates are required for any item totaling \$1,000 or more.							
Explanation. Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. Total amount claimed \$ _____							
Insurance. Was property insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Has claim been submitted to your insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.							
Claimant Signature: _____			Date _____				
State Representative comments. (Attach Supervisor's Accident Investigation form 02-932 if more information is needed; all automobile accidents must be reported on Liability Accident Notice form 02-919 and accompanied by Supervisor's Accident Investigation form 02-932.)							
Negligence apparent: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach Supervisor's Accident Investigation Report 20-932 with full explanation.)							
Area Forester: <input type="checkbox"/> Concurs with claim <input type="checkbox"/> Disagrees with claim <input type="checkbox"/> Abstains <input type="checkbox"/> Concurs with settlement amount		_____ Date		Regional FMO: <input type="checkbox"/> Concurs with claim <input type="checkbox"/> Denies claim <input type="checkbox"/> Concurs with settlement amount		_____ Date	
Area Forester Sign: _____		Regional FMO Signature: _____					
Item No.	Approved	Denied	Reason/Justification	CC	LC	AC	Amt. Approved
							\$ _____
							\$ _____
							\$ _____
Approving Officer Signature: _____			Title: _____		RD Code: _____		Date: _____

Claimant may appeal items/claims denied in writing to:
 DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 within 90 days of date of denial. See AS 36.30.620. Otherwise denied claims will be considered closed.
 Original to State Area Office for Forwarding To Region
 Copy to Claimant

DOF Revised 04/12/04

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PROPERTY LOSS/DAMAGE REPORT Contractors & Employees (Complete the non-shaded areas)		 State of Alaska Department of Natural Resources Division of Forestry <i>Use blue ink Print legibly</i>		7-14-0X Date received <i>Albert Ferguson</i> Received by		
Name and Address of Claimant: Rolan N Dough PO Box 1234 Delta Junction, AK 99737		Claim Amount: \$ 220.00 Date: 7/15/0X		Date of Loss/Damage: 7/12/0X		
Tax ID or SSN: 123 45 6789 Daytime phone: (907) 555-1245		Contractor & Third Party Claims Only Recommended Settlement (if applicable) Amount: \$ _____ Settlement Proposed by - Staff Initials: _____ Vendor Initials: _____ Staff Recommending Settlement Amount: _____ Staff (adjudicator) Home Unit: _____				
Item No.	Quantity	Description of Item (Attach Photographs Showing Damage) List Make, Model and Serial Numbers for All Equipment	Date Purchased	Original Purchase Price	Value per Item	Amount Claimed
1	1	2-person tent	6/1/0X	\$ 125.00	\$ 125.00	\$ 125.00
2	1	Rain gear - jacket and pants	6/1/0X	\$ 95.00	\$ 95.00	\$ 95.00
If there are more items or more room is needed, attach a separate page. Three bids or estimates are required for any item totaling \$1,000 or more.						
Explanation. Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. Total amount claimed \$ 220.00 Gear was located near the tail of the fire. Extreme fire behavior created 180° wind shift. Gear was burned over. All personnel were pulled back to safety zone. Unable to retrieve gear.						
Insurance. Was property insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has claim been submitted to your insurance company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.						
Claimant Signature: <i>Rolan N. Dough</i>			Date: 7/15/0X			
State Representative comments. (Attach Supervisor's Accident Investigation form 02-932 if more information is needed; all automobile accidents must be reported on Liability Accident Notice form 02-919 and accompanied by Supervisor's Accident Investigation form 02-932.) Burnover of Delta crew campsite was due to one finger of the fire making an unanticipated run after wind change of direction						
Negligence apparent: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
(If yes, attach Supervisor's Accident Investigation Report 20-932 with full explanation.) Signature: <i>Clyde Fenarkie</i> Date: 7/15/0X						
Area Forester: <input checked="" type="checkbox"/> Concurs with claim <input type="checkbox"/> Disagrees with claim <input type="checkbox"/> Abstains <input type="checkbox"/> Concurs with settlement amount		Regional FMO: <input checked="" type="checkbox"/> Concurs with claim <input type="checkbox"/> Denies claim <input type="checkbox"/> Concurs with settlement amount		Date: 7-16-0X Date: 7-18-0X		
Area Forester Sign: <i>Average Joe</i>		Regional FMO Signature: <i>Johnny Hancock</i>				
Item No.	Approved	Denied	Reason/Justification	CC	LC	AC Amt. Approved
1	#			103/10/30	73X10426	74480 \$ 125.00
2	#			103/10/30	73X10426	74480 \$ 95.00
Approving Officer Signature: <i>Johnny Hancock</i> Title: <i>Regional FMO</i>				RD Code: 10881		Date: 7/18/0X

Claimant may appeal items/claims denied in writing to:
 DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 within 90 days of date of denial. See AS 36.30.620. Otherwise denied claims will be considered closed.
 Original to State Area Office for Forwarding To Region
 Copy to Claimant
 DOF Revised 01/5/04

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

SUMMARY OF CLAIMS AND PROPERTY MANAGEMENT					
FORM \ TYPE OF ACTION	3rd Party Claim	State Employee or EFF Personal Property	Federal Employee or AD Personal	State or Federal Government Property Loss or	Contractor Loss or Damage
STATE INCIDENTS					
02-919 Liability Accident Notice				X	
02-932 Supervisor's Accident Investigation	X	X		X	X
Witness Statement	X				X
OF-289 Property Loss or Damage				X - Federal Property	
02-627 Lost-Stolen-Damaged Property Review				X - State Property	
DOF Property Loss/Damage Report	X	X			X
FEDERAL INCIDENTS					
SF-95 Claim for Damage, Injury or Death	X				
SF-94 Witness Statement	X		X		X
DI-570 Employee Claim for Loss or Damage to Personal Property			X - DOI Incident		
Claimant Checklist for Personal Property Loss or Damage			X		
Administrative Determination Form			X		
OF-289 Property Loss or Damage				X	

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

STATE OF ALASKA
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property _____

Job or Activity at Time of Accident _____ Date of Accident _____

Exact Location _____ Time _____

1. **WHAT HAPPENED?** _____ Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. **WHY DID IT HAPPEN?** _____

_____ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.
OPERATION FACTORS TO BE CONSIDERED:

<i>Proper</i>	<i>Proper</i>	<i>People</i>
Equipment	Material	
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. **WHAT SHOULD BE DONE?** _____ What action(s) will prevent similar accidents in the future?

4. **WHAT HAVE YOU DONE THUS FAR?** _____ Take or recommend action, depending on your authority.

5. **HOW WILL THIS IMPROVE OPERATIONS?** _____ How will it help us meet our objective – ACCIDENT PREVENTION?

6. **WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?**


Cost of lost wage and medical expenses?

Damage to State property or equipment?

Damage to third parties, property and people?

TOTAL

Investigated By _____ Date _____

PROPERTY LOSS/DAMAGE REPORT Contractors & Employees (Complete the non-shaded areas)		 <div style="display: inline-block; vertical-align: top;"> State of Alaska Department of Natural Resources Division of Forestry <i>Use blue ink Print legibly</i> </div>		Date received _____ Received by _____		
				Date of Loss/Damage: / /		
Name and Address of Claimant:		Claim Amount: \$ _____		Date: / /		
		Contractor & Third Party Claims Only Recommended Settlement (if applicable) Amount: \$ _____				
		Settlement Proposed by - Staff Initials: _____ Vendor Initials: _____				
		Staff Recommending Settlement Amount: _____				
Tax ID or SSN:		Daytime phone: _____ () -		Staff (adjudicator) Home Unit: _____		
Item No.	Quantity	Description of Item (Attach Photographs Showing Damage) List Make, Model and Serial Numbers for All Equipment	Date Purchased	Original Purchase Price	Value per Item	Amount Claimed
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
If there are more items or more room is needed, attach a separate page. Three bids or estimates are required for any item totaling \$1,000 or more.						
Explanation. Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. Total amount claimed \$ _____						
Insurance. Was property insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Has claim been submitted to your insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.						
Claimant Signature:			Date			
State Representative comments. (Attach Supervisor's Accident Investigation form 02-932 if more information is needed; all automobile accidents must be reported on Liability Accident Notice form 02-919 and accompanied by Supervisor's Accident Investigation form 02-932.) Negligence apparent: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach Supervisor's Accident Investigation Report 20-932 with full explanation.)						
Area Forester:		<input type="checkbox"/> Concurs with claim <input type="checkbox"/> Disagrees with claim <input type="checkbox"/> Abstains <input type="checkbox"/> Concurs with settlement amount		Regional FMO:		<input type="checkbox"/> Concurs with claim <input type="checkbox"/> Denies claim <input type="checkbox"/> Concurs with settlement amount
		_____ Date				_____ Date
Area Forester Sign:			Regional FMO Signature:			
Item No.	Approved	Denied	Reason/Justification	CC	LC	AC
						\$
						\$
						\$
Approving Officer Signature:		Title:		RD Code:		Date

Claimant may appeal items/claims denied in writing to:
 DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 within 90 days of date of denial. See AS 36.30.620. Otherwise denied claims will be considered closed.
 Original to State Area Office for Forwarding To Region
 Copy to Claimant

DOF Revised 04/12/04

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK



COST CALCULATION AND REPORTING

Responsibilities

Incidents, Area Dispatch Offices, and the State Logistics Center are required to calculate and report suppression fund expenditures on a daily basis. Details on the procedures are identified within the State of Alaska Dispatch and Supply Plan at:

<http://www.dnr.state.ak.us/int/forestry/>

Objective

To track expenditures of suppression funds by individual incidents or activities, to identify the suppression fund balance, and to identify dollar amounts to be billed to other agencies.

Calculating Costs

When suppression funds are obligated or expended, daily calculating and reporting are required. Calculating cost estimates will be done using the Cost Calculation Worksheet located within this chapter. Actual costs will be reported if known, otherwise the estimated cost will be reported.

- Personnel time is calculated on a full shift worked or by a partial shift worked, and is calculated by an individual person or by a crew of firefighters.
- Aircraft are calculated by the hourly flight rate, the hourly standby rate, or the daily guarantee when aircraft are hired at the “greater than 24 hour rate.”

Hourly Rate Wet = fuel provided by the vendor and included in the hourly flight rate.

Hourly Rate Dry = fuel is provided by the state and not included in the hourly flight rate.

- Fire retardant is calculated as a per gallon mixed rate when deployed on an incident.
- Equipment costs are calculated as the actual amount. This includes equipment that is agency-owned, leased, or hired using an Emergency Equipment Rental Agreement. See Equipment Hiring - Chapter 6 of the AIBMH.
- Support and Supplies – On-incident use the applicable cost calculation as shown on the worksheet.
- Support and Supplies – Off-incident support costs are reported as an actual amount. Off incident includes Area and State Logistics Center costs not being reported by the incident and shown separately from the incident.

**DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
DEPARTMENT OF THE INTERIOR – BUREAU OF LAND MANAGEMENT – ALASKA FIRE SERVICE
STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY**

Reporting Costs

Area, Dispatch Offices, and the State Logistics Center will be responsible to report expenditures that occur within their jurisdictional boundaries. Offices will report daily costs to the State Logistics Center for input into the Fire Reporting System (FRS).

- **Areas** will report daily costs using the FRS. Costs will be calculated using the Area Initial Attack Cost Sheet.
- **State Logistics Center** will report suppression costs on behalf of their specific Area Offices when resources are assigned to the Lower 48 and/or Canada.

Costs will be reported as either “State Costs” or as “Reimbursable Costs.”

State Costs – Costs for which the State is responsible, and for which reimbursement is not expected. This includes fires that burn on state, borough, municipal, or privately owned lands. Activities normally include pre-position actions to state protection locations or when resources are directed by the State to stand by. Federal agency expenditures on fires or activities for which the State is responsible for cost reimbursement to the Feds will be reported as State Costs.

Reimbursable Costs – These are expenditures paid by the State for suppression costs for which reimbursement to the State is expected. This includes cost for fires that burn on lands owned by the federal government within State protection areas, State support to a federal agency when the fire is located on lands owned by the federal government, State support to the Lower 48 or to Canada incidents, and when the State provides standby or pre-position support to a federal agency.

PERSONNEL COSTS		
Crews	Crew, Type 1, with Subsistence	\$ 6,800.00
	Crew, Type 2, with Subsistence	\$ 4,900.00
Overhead	EFF, Support (EFF or AD), with Subsistence	\$ 300.00
	OH, Regular Government, with Subsistence	\$ 550.00

DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
DEPARTMENT OF THE INTERIOR – BUREAU OF LAND MANAGEMENT – ALASKA FIRE SERVICE
STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY

AIRCRAFT COSTS- FLIGHT TIME and RETARDANT Costs are averaged for federal- (f) or state- (s) owned/ contracted aircraft; fuel and surcharges included Contact Dispatch for rates not listed here. For aerially delivered Retardant, add flight hours and retardant cost/gallon, listed separately as LCG.				
Retardant Aircraft	1,800 Gallon Capacity	DC-4 (f)	T14, T15	\$ 1,925.00
	3,000 Gallon Capacity	DC-6 (s)	T46, T51	\$ 3,000.00
	LCG, Retardant		Cost per Gallon	\$ 1.34
	Class A Fire Foam		Cost per Gallon	\$.06
Fixed Wing Aircraft	Lead or Air Attack	PC-7 (s)	N901AK, N902AK	\$ 575.00
		U-21 (f)	N7031L	\$ 625.00
	Medium Twin Engine Jump/Transport	C-23A (f)	N173Z	\$ 1075.00
		Casa-212 (f)	N112BH, N117BH	\$ 725.00
		Casa-212 (f)	N205FN	\$ 725.00
		DO-228 Dornier (f)	N266MC	\$ 700.00
			N_____	
	Light Single Engine/Transport	C-208 Caravan (f)	N32WA	\$ 400.00
		DHC-2 Beaver (s)	N904AK	\$ 150.00
	Light Twin Engine/Transport	AC-680FL (f)	N114MN, N309VS	\$ 350.00
		AC-680FL (f)	N9011N	\$ 350.00
		AC-500	N775JB	\$ 475.00
			N_____	\$
Rotor Wing Aircraft	Type 2 Helicopter	Bell-205 (s)	N4750R	\$ 1,100.00
		Bell-212 (f)	N8530B, N16920	\$ 1050.00
		Bell-212 (f)	N827MS	\$ 1050.00
		Bell-212 (s)	N398EH, N16973	\$ 1,125.00
		Bell-212 (s)	N59633	\$ 1125.00
		B-407 (f)	N847AL	\$ 625.00
			N_____	\$
	Type 3 Helicopter	AS-350 A-Star (f)	N57954, N6015S	\$ 550.00
		AS-350B2 (s)	N352EV, N350EV	\$ 525.00
			N_____	\$
			N_____	\$

**DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
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STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY**

EMERGENCY EQUIPMENT RENTAL, LAND USE AGREEMENTS, CATERER, OTHER	
EQUIPMENT	Use daily totals from EERA Use Invoices.
LAND USE AGREEMENTS	Use daily totals from Land Use Agreements in effect for the incident.
CATERER	<u>Do not</u> include the daily cost for meals from the Caterer Invoice (this cost is already calculated into Personnel/Crew Subsistence Costs. <u>Do</u> include costs for optional equipment (i.e., wash stations) and costs to mobilize and demobilize the caterer.
OTHER	Use daily totals of other incident expenditures (invoices, Blanket Purchase Orders, etc.) on incident.

SUPPORT AND SUPPLY CALCULATIONS	
Supplies: Cost of consumable materials and supplies issued from state/federal warehouse/cache. Support: Off incident support personnel (e.g., dispatch, payroll, warehouse, etc.).	
STATE OF AK SUPPLIES and SUPPORT	Supplies: Add 30% of total of daily personnel subtotal.
	Support: Add 15% of daily subtotal, or actual costs if estimate is completed off-incident.
FEDERAL SUPPLIES and SUPPORT	Supplies: Add 15% of daily subtotal.
	Support: Add 50% of daily personnel subtotal .

DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
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STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY

Incident Name/ Order No:	
Incident Number/Accounting Code:	
Prepared By Name/Position:	
Cost Report Date:	

PERSONNEL COSTS				
Crew, Type 1	No. of Crews_____	X \$ 6800 per Day	Total Crew, T 1 Cost	\$
Crew, Type 2	No. of Crews_____	X \$ 4,900 per Day	Total Crew, T 2 Cost	\$
Emergency Firefighter, Support (AD or EFF)	No. of EFF's_____	X \$ 300 per Day	Total EFF Cost	\$
OH, Regular Government	No. of Gov't_____	X \$ 550 per Day	Total Reg Gov't Cost	\$
Total Personnel Costs This Incident Today			\$ (1)	

FIXED WING AIRCRAFT COSTS - INCLUDING FUEL, SURCHARGES					
DC-4	T-14/T-15	No. of Hours_____	X \$ 1,925 per Hr	Total DC-4 Cost	\$
DC-6	T-46/T-51	No. of Hours_____	X \$ 3,000 per Hr	Total DC-6 Cost	\$
PC-7	901AK, 902AK	No. of Hours_____	X \$ 575 per Hr	Total PC-7 Cost	\$
U-21	N7031L	No. of Hours_____	X \$ 625 per Hr	Total U-21 Cost	\$
C-23A	N173Z	No. of Hours_____	X \$ 1,075 per Hr	Total C-23A Cost	\$
Casa-212	N112BH, N117BH	No. of Hours_____	X \$ 725 per Hr	Total Casa-212 Cost	\$
Casa-212	N205FN	No. of Hours_____	X \$ 725 per Hr	Total Casa-212 Cost	\$
DO-228 Dornier	N266MC	No. of Hours_____	X \$ 700 per Hr	Total DO-228 Cost	\$
C-208 Caravan	N32WA	No. of Hours_____	X \$ 400 per Hr	Total C-208 Cost	\$
DHC-2 Beaver	N904AK	No. of Hours_____	X \$ 150 per Hr	Total DHC-2 Cost	\$
AC-680FL	N114MN, N309VS	No. of Hours_____	X \$ 350 per Hr	Total AC-680FL Cost	\$
AC-680FL	N911N	No. of Hours_____	X \$ 350 per Hr	Total AC-680FL Cost	\$
AC-500	N775JB	No. of Hours_____	X \$ 475 per Hr	Total AC-500 Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
Fixed Wing Total (2a)					\$

DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
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STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY

ROTOR WING AIRCRAFT COSTS - INCLUDING FUEL, SURCHARGES					
B-205	N4750R	No. of Hours_____	X \$ 1,100 per Hr	Total B-205 Cost	\$
B-212	All federal, avg	No. of Hours_____	X \$ 1,050 per Hr	Total B-212 Cost	\$
B-212	All state, avg	No. of Hours_____	X \$ 1,125 per Hr	Total B-212 Cost	\$
AS-350 A-Star	N57954, N6015S	No. of Hours_____	X \$ 550 per Hr	Total AS-350 Cost	\$
AS-350B2	N350EV, N353EV	No. of Hours_____	X \$ 525 per Hr	Total AS-350B2 Cost	\$
B-407	N847AL	No. of Hours_____	X \$ 625 per Hr	Total B-407 Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
	N_____	No. of Hours_____	X \$ per Hr	Total _____ Cost	\$
Rotor Wing Total (2b)					\$

Total Aircraft Costs This Incident Today (2a + 2b)	\$ (2)
--	--------

FIRE RETARDANT COSTS				
LCG Retardant	No. of Gal_____	X \$ 1.34 per Gal	Total LCG Cost	\$
Class A Fire Foam	No. of Gal_____	X \$.06 per Gal	Total Silvex Cost	\$
Total Fire Retardant Cost This Incident Today:			\$	(3)

Agreement Type/Resource	EQUIPMENT RENTAL, LAND USE AGREEMENTS, OTHER			Total Cost
Heavy Equipment:				
Dozer	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Dozer, Type 1	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Dozer, Type 2	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Dozer, Type 3	No. Units_____	@ \$ Hr/Day	No. Hrs._____/Day	\$
Excavators	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Passenger & Cargo Vehicles:				
ATV w/Trailer	No. Units_____	@ \$ Hr/Day	No. Hrs._____/Day	\$
Nodwells	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Pickups & Vans	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Stakeside Trucks	No. Units_____	@ \$ Hr/Day	No. Hrs. /Day	\$
Subtotal Equipment This Incident Today:				(4a) \$

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Agreement Type/Resource	EQUIPMENT RENTAL, LAND USE AGREEMENTS, OTHER (Cont.)			Total Cost	
Buses	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Transports	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Water Tenders:					
Water Tenders, Type 1	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Water Tenders, Type 2	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Water Tenders, Type 3	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Water Trucks (Potable)	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Fuel Trucks	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Incident Support Items:	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Boats	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Dumpsters	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Toilets, Portable	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Other Support Items	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Engines:					
Engines, Structure, S1, S2	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Engines, Structure, S3	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Engines, Structure, S4	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Government Vehicles:					
Federal	No. Units_____	@ \$	10.30 Day		\$
State	No. Units_____	@ \$	10.00 Day		\$
Engines, State , Type 3	No. Units_____	@ \$	75.00 Day		\$
Engines, State, Type 6	No. Units_____	@ \$	50.00 Day		\$
Other:	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
	No. Units_____	@ \$	Hr/Day	No. Hrs._____/Day	\$
Land Use Agreements	No. Units_____	@ \$			\$
	No. Units_____	@ \$			\$
	No. Units_____	@ \$			\$

**DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
DEPARTMENT OF THE INTERIOR – BUREAU OF LAND MANAGEMENT – ALASKA FIRE SERVICE
STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY**

Subtotal Equipment, Land Use, Other Costs This Incident Today: (4b)		\$
Total Equipment, Land Use, Other Costs This Incident Today (4a + 4b)		\$ (4)
SUBTOTAL CALCULATIONS		
Daily Subtotal (1 + 2 + 3 + 4 = A)		\$ (A)
State of Alaska Incidents Only:	Support Costs: add 15% of Daily Subtotal (A), or actual costs if off-incident	\$ (B)
	Supply Costs: add 30% of Personnel Total (1)	\$ (C)
Federal Incidents Only:	Support Costs: add 50% of Personnel Total (1)	\$ (D)
	Supply Costs: add 15% of Daily Subtotal (A)	\$ (E)
Total Incident/Support/Supply Costs This Incident Today (State of Alaska A + B + C) OR (Federal A + D + E)		\$ (F)

GRAND TOTAL CALCULATIONS	
Total Incident/Support /Supply Costs This Incident Today (from (F) above)	\$ (G)
Previous Incident/Support/Supply Costs (Grand Total (J) from Previous Day)	\$ (H)
Adjustments to Previous Calculations (as noted in Remarks below)	\$ (I)
INCIDENT GRAND TOTAL TO DATE (G + H + I = J)	\$ (J)

Remarks, Adjustments, Comments:This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
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INCIDENT COST PROJECTIONS FOR 2004

RESOURCE	COST/EACH	NUMBER	COST/DAY	COST/WEEK	*TOTAL COST/WEEK
6-CREW FIRE:					\$323,050.00
Crews, Type 1	\$6,800.00	1	\$6,800.00	\$47,600.00	
Crews, Type 2	\$4,900.00	5	\$24,500.00	\$171,500.00	
OH - Reg Gov't	\$550.00	12	\$6,600.00	\$46,200.00	
Helicopter, Type 2	\$5,450.00	1	\$5,450.00	\$38,150.00	
Helicopter, Type 3	\$2,800.00	1	\$2,800.00	\$19,600.00	
10-CREW FIRE:					\$581,350.00
Crews, Type 1	\$6,800.00	2	\$13,600.00	\$95,200.00	
Crews, Type 2	\$4,900.00	8	\$39,200.00	\$274,400.00	
OH - Reg Gov't	\$550.00	25	\$13,750.00	\$96,250.00	
Helicopter, Type 2	\$5,450.00	2	\$10,900.00	\$76,300.00	
Helicopter, Type 3	\$2,800.00	2	\$5,600.00	\$39,200.00	
14-CREW FIRE:					\$757,050.00
Crews, Type 1	\$6,800.00	2	\$13,600.00	\$95,200.00	
Crews, Type 2	\$4,900.00	12	\$58,800.00	\$411,600.00	
OH - Reg Gov't	\$550.00	35	\$19,250.00	\$134,750.00	
Helicopter, Type 2	\$5,450.00	2	\$10,900.00	\$76,300.00	
Helicopter, Type 3	\$2,800.00	2	\$5,600.00	\$39,200.00	
20-CREW FIRE:					\$1,085,350.00
Crews, Type 1	\$6,800.00	4	\$27,200.00	\$190,400.00	
Crews, Type 2	\$4,900.00	16	\$78,400.00	\$548,800.00	
OH - Reg Gov't	\$550.00	50	\$27,500.00	\$192,500.00	
Helicopter, Type 2	\$5,450.00	3	\$16,350.00	\$114,450.00	
Helicopter, Type 3	\$2,800.00	2	\$5,600.00	\$39,200.00	

***Total Cost/Week : These calculations apply to projected incident costs only.**

Crews : Cost per day includes subsistence.

Helicopters : Contract aircraft rates, averaged @ 5 hours flight time per day.

DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
DEPARTMENT OF THE INTERIOR – BUREAU OF LAND MANAGEMENT – ALASKA FIRE SERVICE
STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY

GS-3	\$11.53	GS-3 OT	\$13.83	AD-1	\$14.56	FRESH FOOD BOX	\$800.00	Port-A-Pit
GS-4	\$12.94	GS-4 OT	\$15.53	AD-2	\$16.60	CASE MRE'S	\$90.98	
GS-5	\$14.46	GS-5 OT	\$17.36	AD-3	\$18.24	Class A Fire Foam	\$0.06	Gal.
GS-6	\$16.13	GS-6 OT	\$19.35	AD-4	\$20.44	Firetrol LCG-R	\$1.34	Gal.
GS-7	\$17.93	GS-7 OT	\$21.51			JET	\$	varies per location
GS-8	\$19.85	GS-8 OT	\$23.82			AV GAS	\$	varies per location
GS-10	\$24.14	GS-10 OT	\$28.97					

SUBSISTENCE COST PER PERSON PER DAY

A 16-person crew will eat one fresh food box, and 3 cases of MREs per day.
Current prices for fresh food boxes can be obtained from Procurement or the Warehouse.
Check with the Stock & Records section of the AFS Warehouse for current MRE prices.

Cost of one Fresh Food Box =	\$800.00	>25/order=\$750
Cost of one case of MRE's x 3 =	\$272.94	
Total cost of Subsistence for 16-man Crew =	\$1,072.94	
Subsistence Cost per person =	\$67.06	

COST PER DAY FOR EFF CREW

12 CREW MEMBERS X 14 HOURS/DAY X AD-2 RATE =	\$2,788.80
3 SQUAD BOSSES X 14 HOURS/DAY X AD-3 RATE =	\$766.08
1 CREW BOSS X 14 HOURS/DAY X AD-4 RATE =	\$286.16
COST OF SUBSISTENCE PER DAY X 16 CM =	\$1,072.94
TOTAL COST PER DAY PER CREW =	\$4,913.98

COST PER DAY FOR EFF INDIVIDUALS

AD-2 RATE X 14 HOURS/DAY =	\$232.40
COST OF SUBSISTENCE PER DAY =	\$67.06
	\$299.46

COST PER DAY FOR INDIVIDUAL OVERHEAD

GS-10 RATE X 8 HOURS/DAY =	\$290.65
GS-10 OVERTIME RATE X 6 HOURS/DAY =	\$173.82
COST OF SUBSISTENCE PER DAY =	\$67.06
TOTAL COST PER DAY FOR O/H =	\$531.52

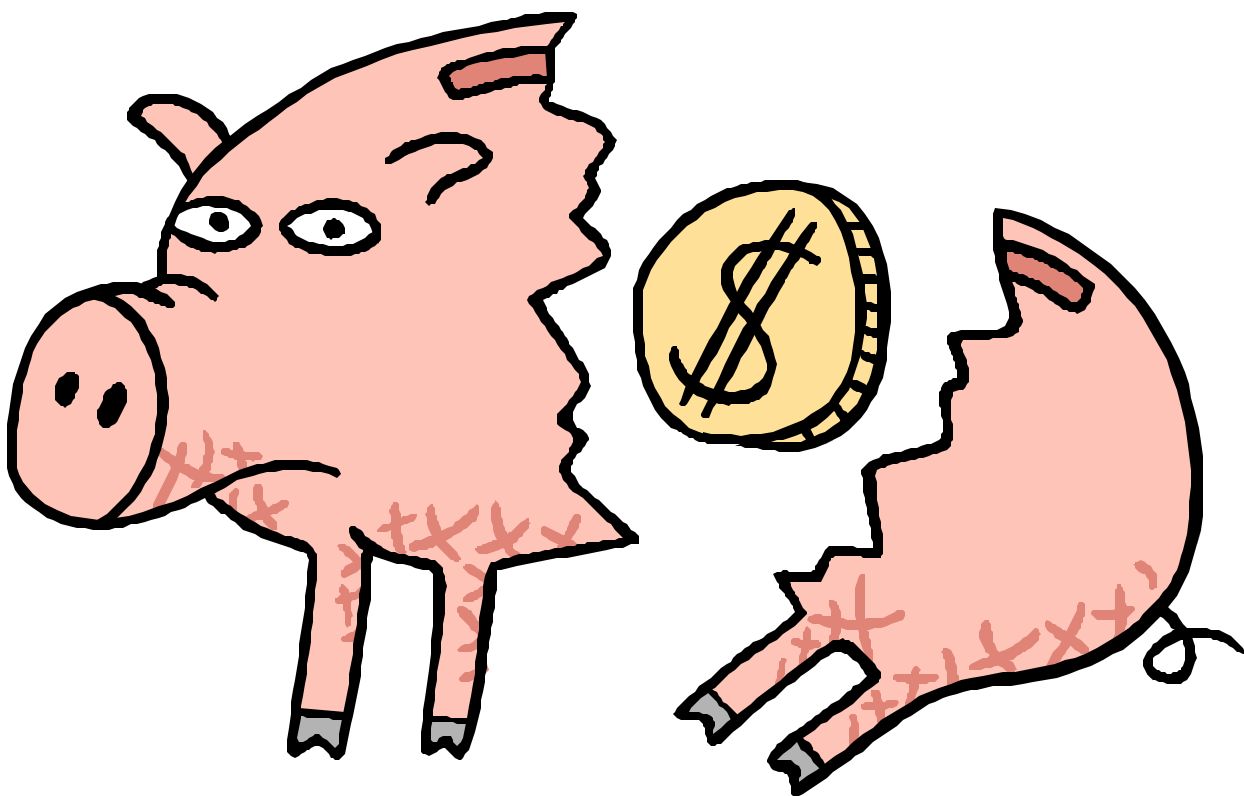
COST PER DAY FOR TYPE I CREW

1 GS-8 BASE PAY FOR 8 HOURS + OT PAY FOR 6 HOURS	\$381.91
1 GS-7 " + HAZARD PAY X BASE PAY FOR 14 HOURS"	\$344.94
2 GS-6 " + NIGHT DIFFERENTIAL X BASE PAY FOR 3 HRS"	\$620.61
8 GS-5 " + 3% Benefits" = 12.04 X BASE PAY	\$2,226.07
4 GS-4	\$995.91
4 GS-3	\$887.20
COST OF SUBSISTENCE PER DAY X 20 CM =	\$1,341.18
TOTAL COST PER DAY PER CREW =	\$6,797.82

AIRCRAFT COSTS AVAILABLE FROM AVIATION MANAGEMENT

DEPARTMENT OF AGRICULTURE – FOREST SERVICE – REGION 10
DEPARTMENT OF THE INTERIOR – BUREAU OF LAND MANAGEMENT – ALASKA FIRE SERVICE
STATE OF ALASKA - DEPARTMENT OF NATURAL RESOURCES - DIVISION OF FORESTRY

STATE OF ALASKA FORESTRY INITIAL ATTACK COST ESTIMATE WORKSHEET 2004									
INCIDENT #:		INCIDENT NAME:							
INCIDENT DATE:		REPORT DATE:				PREPARED BY:			
PERSONNEL									
	Quantity		Day/Hrs	Rate	Per				
Overhead				\$28	hour			\$0	
O/H w/Subsistence				\$500	day			\$0	
EFF				\$18	hour			\$0	
EFF/day				\$300	day			\$0	
Crew TI				\$6,600	day			\$0	
Crew TII				\$4,900	day			\$0	
AKNG				\$225	day			\$0	
Personnel Totals									\$0
ROTOR WING									
	Quantity	Type	N#/Description	Flt. Hrs.	Dry Rate	Per			
AKNG		UH60			\$2,200	Hour		\$0	
State		AS-350B2	State Avg.		\$525	Hour		\$0	
State		B212	State Avg.		\$1,100	Hour		\$0	
State		B205	4750R		\$1,075	Hour		\$0	
Federal		AS-350	57594,6015S		\$550	Hour		\$0	
Federal		B212	Federal avg		\$1,025	Hour		\$0	
Federal		B407	847AL		\$600	Hour		\$0	
Federal		B206L3	133AL		\$475	Hour		\$0	
Rotor Wing Total									\$0
ADDITIONAL CREW									
Pilot/Mechanic	Quantity	Days	Cost	Per Day	Cost/Day				
					\$0.00				
Additional Crew Total									\$0
FIXED WING									
	Quantity	Type	N#/Description	Flt. Hrs.	Dry Rate	Per			
State		DC-6	T-446/T-451	0	\$2,900	Hour		\$0	
State/Lead or AA		PC-7	N901AK/N902AK		\$575	Hour		\$0	
State		DHC-2	Beaver/904AK	0	\$150	Hour		\$0	
Federal/Lead		U21	N70311	0	\$350	Hour		\$0	
Federal/Jump/Trans		C-23A	N173Z					\$0	
Federal/Jump/Trans		CASA-212	N112BH, N117BH					\$0	
Federal/Jump/Trans		CASA-212	N205FN					\$0	
Federal/Jump/Trans		Dornier	N266MC					\$0	
Federal		SA-227	N71Z					\$0	
Federal		C-208	N32WA					\$0	
Federal		AC680FL	N114MN, N309VS					\$0	
Federal		AC680FL	N5035E					\$0	
Additional								\$0	
Additional								\$0	
Fixed Wing Total									\$0
RETARDANT									
	Quantity	Type	Rate	Per					
		Silvex Fire Foam	\$0.10	Gallon			\$0.00		
		LCG Retardant	\$0.90	Gallon			\$0.00		
Retardant Total									\$0
EQUIPMENT									
	Quantity	Type	Hours/Day Run/Shift	Rate	Per				
State		Light		\$40	Run		\$0		
Engine		Patrol		\$30	Run		\$0		
Engine		Medium		\$50	Run		\$0		
Engine		Structure S-1		\$165	Hour		\$0		
Engine		Structure S-1		\$1,800	shift		\$0		
Engine		Brush 167		\$810	Shift		\$0		
Engine		Brush 167		\$75	Hour		\$0		
Tender		Tender W-1		\$1,200	Shift		\$0		
Tender		Tender W-1		\$110	Hour		\$0		
Command				\$50	Hour		\$0		
Command				\$300	Shift		\$0		
Other		Suburban		\$30	Day		\$0		
Other		Dozer		\$850	Day		\$0		
Other							\$0		
Other							\$0		
Equipment Total									\$0.00
TRANSPORTATION - (MDG Automatically computed)									
	Rate	Hours/Days	Daily Guarantee						
Bus			\$650.00				\$0		
Van			\$110.00				\$0		
Truck			\$140.00				\$0		
Sport Utility			\$117.00				\$0		
Other							\$0		
Other							\$0		
Other							\$0		
Transportation Total									\$0
Subtotal									\$0.00
State Support Costs									\$0.00
State Supply Costs									\$0.00
TOTAL COST									\$0.00



ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

COOPERATOR APPARATUS TYPING AND RATE GUIDLINES
FOR WILDLAND FIRE SUPPRESSION ACTIVITIES

Introduction

Structure Fire Department (SFD) cooperator apparatus rental rates are to be based on actual operating costs. These costs include routine maintenance; normal wear and tear (minor scratches, dents, etc.); insurance; fuel and lubricants; and other pertinent overhead expenses. Rental rates will not exceed the rates listed. The DOF will normally provide fuel, oil, and lubricants on project fires, and when a cooperator responds outside their Primary Response Area.

Equipment operated on the first and last day of an assignment will be paid for actual hours on-shift at the hourly rate. Equipment operated on-shift between the first and last day will be paid at the daily rate. The daily rate will be based on a formula of twelve times the hourly rate less 10%. Shift length may vary from ten to sixteen hours. If equipment is ordered and staffed with a relief crew and is operated a second shift then a second daily rate will be paid. Federal Excess Personal Property (FEPP) equipment provided by a cooperator may be paid up to 66% of the normal rate as negotiated in the annual operating agreement.

Personnel will be paid for all hours on-shift at the appropriate hourly rate of pay. The number of personnel listed on the rate charts is minimum staffing for the various apparatus. Additional personnel may be ordered by DOF and will be paid the appropriate hourly rate when ordered by DOF.

The rate structure will be reviewed and updated annually based on actual equipment operating costs. The maximum or not-to-exceed rates may be adjusted and circulated by the first of March annually. All cooperator equipment used must be signed up using the latest version of the **SFD Rental of Fire Apparatus Conditions**.

All personnel responding to an interface-type fire shall be equipped with proper personal protective equipment as stipulated in the DOF Policy and Procedures Manual Section 2167.5. This includes a fire-retardant shirt and jeans or coveralls, helmet (non-metal), eye protection, heavy-duty leather gloves, 8" tall lace up leather boots, and a fire shelter for each person.

Effective radio communications are critical for safety and to coordinate multiple interagency fire equipment and personnel. It is recommended that as a minimum, each apparatus be equipped with a two-way radio capable of utilizing the Statewide mutual aid frequency; 155.295 (Command and Control). This frequency is to be used for initial contact upon arriving on the scene of a multiple-agency response incident.

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State of Alaska - Department of Natural Resources - Division of Forestry SFD Rental of Fire Apparatus Conditions

The State of Alaska, Department of Natural Resources, Division of Forestry will be referred to as "Forestry" in this document. Volunteer and Structural Fire Departments (SFD) under Cooperative Agreement with Forestry will be referred to as "Cooperator" in this document.

1. Order For Service - Upon acceptance of an order for service, either verbally or via Resource Order, a binding contract between the Cooperator and Forestry is created incorporating the terms of the Cooperative Fire Protection Agreement, the Annual Operating Plan, the SFD Fire Apparatus Rental Agreement (Form 10-2193b), and these SFD Rental of Fire Apparatus Conditions. The start of the rental period will be agreed upon at the time of the request for service. Each service call will be documented on Emergency Equipment Use Invoice, OF-286, or equivalent. The Cooperator agrees that service call documents may be signed by the Cooperator's operator/personnel as a duly authorized representative for the purpose of certification as to the number of hours or other units of pay earned. The Cooperator or its operator/personnel must sign the Emergency Equipment Use Invoice document at the time of release from work.

2. Reporting for Service - The Cooperator is responsible for providing apparatus to Forestry in a good and safe operating condition and will be subject to pre-use inspection, either pre-season, at time of hire, or both. If, in the determination of Forestry, the apparatus is not in good, safe operating condition based upon the manufacturer's general safety specifications when it arrives for work, Forestry may reject it. If equipment is rejected, Forestry will not pay any costs, including transportation costs. The operator/personnel shall keep a copy of the SFD Fire Apparatus Rental Agreement with the Apparatus.

3. Equipment Operator/Personnel - The Cooperator shall furnish the operator/personnel. At the discretion of the cooperator and as agreed to by Forestry, the operator/personnel will be hired by Forestry as Emergency Firefighters (EFF). The operator/personnel, if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire established in the latest version of the Alaska Emergency Firefighter Crew Management Guide. At least one operator/personnel must possess a valid driver's license with applicable endorsements. The Cooperator will ensure that the operator/personnel are qualified to operate the apparatus.

The operator/personnel shall be equipped with proper personal protective equipment as stipulated in the Forestry Policy and Procedures Manual Section 2167.5. This includes fire retardant clothing (shirt and pants), leather gloves, helmet (non-metal), eye and hearing protection, heavy-duty 8" tall lace up leather boots, and fire shelter. In addition, operator/personnel shall be equipped with a canteen with water.

4. Transportation of Apparatus - Subject to paragraph 2, apparatus shall be delivered, at Forestry's expense, from point of hire to the work site and returned to the point of hire.

5. Performance and Direction of Work - The operator/personnel are responsible at all times for the safe and efficient operation of apparatus and may refuse to work in a situation exceeding operator/personnel ability or that of the apparatus. The operator/personnel receives work assignments from, and performs work under the general direction of, Forestry. In the event Forestry terminates an operator for cause, replacement operator/personnel will be requested from the Cooperator.

6. Termination of Order for Service - There is no guaranteed length of hire under any order for service. Forestry may terminate an order for service when it is determined by Forestry that the apparatus is no longer needed. When the order for service is terminated, Forestry shall be liable only for payments in accordance with payment provisions of this contract for services rendered prior to the effective date and time of termination.

In the event the Cooperator requires return of apparatus, the Cooperator shall notify Forestry, and the equipment shall be released within 8 hours.

7. Custody - When the operator/personnel remain employees of the Cooperator, the apparatus remains in operator/personnel custody and control. When the operator/personnel are hired as EFF, the apparatus remains in Forestry custody and control during the period of use. During such time, Forestry, as custodian, will exercise ordinary prudence and diligence in the use and care of the apparatus.

8. Licenses and Permits - the Cooperator is responsible for obtaining at their own expense, carrying a copy of, and showing proof at the time of hire, all necessary licenses and permits required by state and federal law/regulation, for both the apparatus and operator/personnel.

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9. Service and Repairs - The Cooperator is responsible for the cost of all servicing, except when Forestry assumes responsibility for partial or total servicing on an incident, or when the apparatus is operating in the Cooperator Discretionary Response Area. The term servicing shall include providing and maintaining the apparatus with fuel, oil, lubricants, filters, and other operating supplies to maintain the apparatus in a safe operating condition. It is the responsibility of the operator/personnel to determine that the fuel used is the proper fuel for the apparatus.

Apparatus furnished by the Cooperator must have enough time remaining on its scheduled maintenance program to accomplish the anticipated length of hire.

10. Tools, Spares and Accessories - The operator/personnel are responsible at all times for tools, spares, and accessories belonging to the Cooperator and shall secure them in the apparatus, if possible. Items that cannot be so secured may be placed in a Forestry designated storage area, if available.

11. Required Equipment - The cooperator agrees to furnish apparatus, except command vehicles, with the following equipment:

- a. For all non-Engine Task Force/Strike Team responses, equipment will be designated in the Annual Operating Plan.
- b. All fire apparatus Resource Ordered to be part of an Engine Task Force/Strike Team are required to carry structural firefighting equipment necessary to conform with Cooperator Standard Operating Procedures. In addition, all fire apparatus Resource Ordered to be part of an Engine Task Force/Strike Team are required to carry the following minimum equipment upon leaving the home Forestry Area Office. These items will be supplied by Forestry upon request of the cooperator.

- | | |
|--|--|
| <ul style="list-style-type: none">_ 4 ea. 100' length of 1 ½" hose (Forestry)_ 1 ea. 400' 1 ½" Progressive hose lay bag_ 5 ea. 1 ½" nozzle to fit 1 ½" hose_ 5 ea. 100' length of 1" hose (Forestry)<li style="padding-left: 20px;">_ 2 ea. Shovel_ 4 ea. 1 ½" NH x 1 ½" NH double female_ 4 ea. 1 ½" NH x 1 ½" NH double male_ 6 ea. 1 ½" NH x 1" NPSH (female-male) reducer_ 1 ea. 1" NPSH x 1 ½" NH (female-male) increaser_ 6 ea. 1 ½" NH x 1 ½" NH x 1 ½" NH Gated Wye_ 2 ea. Hose clamp for 1" and 1 ½" hose | <ul style="list-style-type: none">_ 1 ea. Fire Shelter per seat_ 1 ea. EFF bag per Firefighter_ 1 ea. King Radio w/Clam Shell & Batteries_ 3 ea. Pulaski ea. 1" nozzles to fit 1" hose_ 2 ea. Back pack pump (FEDCO) (full)_ 1 ea. Back pack pump (FEDCO) (empty)_ 2 ea. Cases MRE's_ 2 ea. Cubitainer Water_ 2 ea. Pack of fusees (10 ea./pk) OR_ 1 ea. Drip torch w/5 gallons drip torch fuel |
|--|--|
- _ 1 ea. Portable Tank, 1500 gallons or larger (Tender Types ST-1, ST-2, WT-1, WT-2, and WT-3 only)

12. Apparatus Loss, Damage or Destruction. Forestry will reimburse the Cooperator for the costs of loss, physical damage or destruction to apparatus, other than normal wear and tear, arising from the fault of Forestry. Forestry's liability is limited to the lesser of the actual repair costs or market value. Forestry is not responsible for indirect damages such as loss of use or lost profits.

13. Accessories for Apparatus - All apparatus must have the following: Seat belts for all occupants; three portable emergency reflectors; one 5-lb. functional ABC-type fire extinguisher; and any additional accessories as specified in the Annual Operating Plan.

14. Meals and Bedding - If a Forestry subsisted incident camp is established, meals and bedding for operator/personnel will be furnished without additional charge. Such meals and bedding will be commensurate with that provided to Forestry employees.

15. Time Keeping - Apparatus time will be recorded by a Forestry agent on an Emergency Equipment Shift Ticket, Optional Form 297, or equivalent. Time will be recorded to the nearest quarter hour, and will document Start and Stop Times, Down Time, etc.

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16. Payments, Down Time, and Shifts - Payment will be at rates specified on the SFD Fire Apparatus Rental Agreement, Form 10-2193b, and will not exceed the rates contained in Item 17 of this document. Apparatus is inoperable when the apparatus itself is inoperable, or when the operator/personnel, who remains an employee of the Cooperator, is unavailable. A shift shall consist of a period of actual work, ordered standby, or compensable travel time that has a specific start and ending time.

- A. 1) On the first and last shift of hire or assignment, the Cooperator shall be paid at the hourly rate specified in column 11, for every continuous hour on-shift, provided the apparatus is operable and available.
2) If the apparatus is inoperable or unavailable during an on-shift period, this will be considered downtime, and payment will not accrue.
- B. 1) For shifts under hire or assignment between the first and last, the Cooperator shall be paid at the shift rate specified in column 12 provided that: (a) the apparatus is operable and available the entire shift in the case of a shift equal to or less than 10.75 hours; or (b) the apparatus is operable and available more than 10.75 hours of a shift longer than 10.75 hours. Apparatus not meeting the operable and available hours criteria will be paid at the hourly rate specified in column 11.
2) For shifts exceeding 16 hours, the Cooperator shall be paid at the shift rate specified in column 12 for the first 16 hours the apparatus is operable and available, plus the hourly rate specified in column 11 for the hours exceeding the first 16 hours the apparatus is operable and available. For apparatus not operable and available more than 10.75 hours of the shift, pay will accrue at the hourly rate specified in column 11.
- C. In those cases where Forestry is the direct cause of the apparatus down time. Forestry will negotiate a reasonable settlement with the Cooperator.

17. Rates, Personnel, and Rate Guidelines - Apparatus rental rates are to be based on actual operating costs. These costs include routine maintenance; normal wear and tear (minor scratches, chips in windshield, etc.); insurance; fuel and lubricants; and other pertinent overhead expenses. Rental rates will not exceed the rates listed in Tables 1 thru 5 unless actual operating costs are documented and submitted to Forestry. The shift rate will be based on a formula of twelve times the hourly rate less 10%, except for Command Vehicles. However, shift length may vary. Federal Excess Personal Property (FEPP) apparatus provided by a cooperator may be paid up to 66% of the normal rate. If apparatus is ordered and staffed with an ordered relief crew, then a second shift rate will be paid for the apparatus.

Operator/personnel will be paid for all hours they are on-shift at the appropriate hourly rate of pay. Note: operator/personnel may be on a shorter or longer shift than the apparatus to which they are assigned. The number of operator/personnel listed on the rate charts is standard staffing. Any changes to standard staffing will be agreed to in the Annual Operating Agreement. No additional personnel will be paid by Forestry unless Resource Ordered.

Table 1 STRUCTURE ENGINE TYPING & RATE (excluding personnel costs)

Rates & Components	S-1	S-2	S-3	S-4
Hourly Rate	\$165	\$165	\$100	\$75
Shift Rate	\$1,782	\$1,782	\$1,080	\$810
Tank Cap.(gallons)	500+	500+	500+	300+
Pumping (GPM)	1250+	1000+	500+	<300
Operator/Personnel	3	3	3	2

Table 2 WILDLAND ENGINE TYPING & RATE (excluding personnel costs)

Rates & Components	W-1	W-2	W-3	W-4	W-5
Hourly Rate	\$110	\$90	\$70	\$50	\$30

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Shift Rate	\$1,188	\$972	\$756	\$540	\$324
Tank Cap. Gallons	751+	751+	750-401	400-150	<150
Pump minimum flow (GPM)	150	50	50	30	10
Pump rated pressure (psi)	250	100	100	100	100
Operator/Personnel	2	2	2	2	2

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Table 3 STRUCTURE TENDER TYPING & RATE *(excluding personnel costs)*

Rates & Components	ST-1	ST-2
Hourly Rate	\$120	\$100
Shift Rate	\$1,296	\$1,080
Tank Capacity (gal)	2,000+	1,000+
Pump Capacity (GPM)	1,000+	500+
Operator/Personnel	2	2

Table 4 WILDLAND TENDER TYPING & RATE *(excluding personnel costs)*

Rates & Components	WT-1	WT-2	WT-3
Hourly Rate	\$80	\$65	\$50
Shift Rate	\$864	\$702	\$540
Tank Capacity (gal)	5,000+	2,500+	1,000+
Pump Capacity (GPM)	300+	200+	>200
Personnel	1	1	1

Command Vehicles: When ordered by Forestry, command vehicle rates will be applicable when an individual in any of the following positions uses the vehicle:

Incident Commander

Operations Section Chief

Structural Protection Specialist

Branch Director

Division/Group Supervisor

Strike Team/Task Force Leader

Water Handling Specialist

Command Vehicles must meet the following criteria and come equipped with the following equipment:

Four Wheel Drive

First Aid Kit

Emergency Lighting

Seating for 3 Persons

Fire Extinguisher

Field Programmable Radio

Table 5 COMMAND VEHICLE RATE *(excluding personnel costs)*

Rates	Command
Hourly Rate	\$50
Shift Rate	\$300
Personnel	1

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18. Insurance - In the case of the Cooperator's operator/personnel being hired by the State as an EFF, the State covers Worker's Compensation and potential liability based on apparatus operations in response to and operation on a wildland fire.

In the case of the Cooperator's operator/personnel remaining an employee(s) of the Cooperator, the Cooperator must carry and maintain motor vehicle liability insurance as required by AS 28.22.01, and Worker's Compensation coverage as required by AS 23.30.045.

I certify that I have read and agree to the conditions of hire contained on this form.

Cooperator's/Authorized Agent's Signature

Date

Printed Name and Title _____

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STRUCTURE FIRE DEPT. (SFD) FIRE APPARATUS RENTAL AGREEMENT		1. AREA OFFICE (Name and Address)		2. AGREEMENT NUMBER (This Number Must Appear on All Papers Relating To This Agreement).	
		3. POINT OF HIRE		4. EFFECTIVE DATES	
5. COOPERATOR'S TELEPHONE NO.		6. COOPERATOR (Name and Address)		a. BEGINNING	
a. DAY				b. ENDING	
b. NIGHT				7. PREPARED BY	
8. SSN/FEDERAL TAX I.D. NO.					
9. ITEM DESCRIPTION (include type, make model, year, serial number, and accessories)		10. NUMBER OF PERSONNEL	11. HOURLY RATE *	12. SHIFT RATE **	
a.					
b.					
c.					
d.					
e.					
13. SPECIAL PROVISIONS *Hourly Rate paid for first and last shift hired **Shift Rate paid for all but first and last shift hired Cooperator certifies that they have read the latest version of the "SFD Rental of Fire Apparatus Conditions" Form 10-2197b					
14. COOPERATOR'S SIGNATURE		15. DATE	16. FORESTRY OFFICER'S SIGNATURE		17. DATE
18. PRINTED NAME AND TITLE			19. PRINTED NAME AND TITLE		

FORM 10-2193b (April 5, 2000)

STRUCTURE FIRE DEPARTMENT (SFD) APPARATUS USE INVOICE

FORM 10-2193c (March 29, 2000)

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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK



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SUPPRESSION COMPONENT CODING

Suppression codes are composed of two types:

- Collocation Codes
- Incident Numbering System.

Collocation Codes

When assigning expenditure codes these are always the first to be reviewed for use. Special provisions and use are listed for each code.

Collocation Office Code		Use	Special Provision
10310130	ALL	Suppression	Always used with an incident/fire number
10310230	F&A	Annual BLM Presuppression	Payment for presuppression services as authorized by OMB directive. Payment for AFS Presuppression Contract Services <u>Chief of Fire Management office use only.</u>
10310633	F&A	Pilatus PC-7 #1 (901AK)	
10310634	F&A	Pilatus PC-7 #2 (902AK)	
10314030	F&A	McGrath Messhall	As Assigned and approved ONLY
10312030	Coastal	Detection Flight Time	Aircraft flight time, fuel lubricants, specifically used for the discovery of new fires.
10312031	Northern		

10310431	F&A Northern Coastal	Statewide Fire Stores Procurement	<u>State Fire Operations Forester, Northern/Coastal Region FMO approval required prior to purchase.</u> Replenishment of non-capitalized warehouse stock depleted by Resource Orders or <u>temporary</u> NUS increase based on forecasted activity when a specific incident number(s) cannot be used. To facilitate interagency billing, accounts must be AJE'd to proper fire incident number by 8/15 for prior year and 12/1 of the current year.
10310131	Northern	Commissary Purchases	The appropriate fire incident number is assigned with these collocation codes. Costs for items purchased must be recovered from personnel via payroll deduction.
10310132	Coastal		

10312130	Coastal	Fire Force Preposition	<u>Northern/Coastal Region/State Fire Operations Forester approval required</u> Can be used for meals, lodging, and transportation costs and daily guarantee for rental aircraft when a specific incident cannot be identified. <u>This is not to be used for personnel time. The receiving or ordering office's code is used.</u>
10312131	Northern		
10314132	F&A		
10314332	Anch/ Mat-Su		
10314432	Kenai/ Kodiak		
10314532	Southwest		
10314632	Valdez/ Copper River		
10314832	Fairbanks		
10314932	Delta		
10315132	Southeast		
10315032	Tok		

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Collocation Office Code		Use	Special Provision
10313030	Coastal	Standby Time	<u>Northern/Coastal Region/State Fire Operations Forester approval required</u> Codes are for use of regular state employees only and are for personnel time only. Use requesting area's code. No fire number needed.
10313031	Northern		
10314131	F&A		
10314331	Anch/ Mat-Su		
10314431	Kenai/ Kodiak		
10314531	Southwest		
10314631	Valdez/ Copper River		
10314831	Fairbanks		
10314931	Delta		
10315131	Southeast		
10315031	Tok		
10313130	Coastal	High Fire Danger OT	<u>Northern/Coastal Region/State Fire Operations Forester approval required</u> High to extreme fire danger periods not identified with on going fires. Codes are for extended periods of manning and for use by Regular State employees and are for personnel <u>overtime only</u> If ordered by another area then the receiving or ordering office's code is used. No fire number needed.
10313131	Northern		
10314130	F&A		
10314330	Anch/ Mat-Su		
10314430	Kenai/ Kodiak		
10314530	Southwest		
10314630	Valdez/ Copper River		
10314830	Fairbanks		
10314930	Delta		
10315030	Tok		
10315130	Southeast		

Incident Number System

Collocation Codes

Collocation code 10310130 is always used in coding to a fire incident, and search and rescues not covered by the DOF & Alaska State Troopers Cooperative Agreement. For Search and Rescues covered by the DOF & AST Cooperative Agreement, always use collocation code 10310055.

Ledger Codes

The Incident Number (ledger code) is an eight-digit number **assigned by the dispatcher** according to the fire area location and is annotated after the collocation code as in the following example: 10310130 73403011. **Example: Incident number 73403011.**

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- The first and second digits (73) is the ledger number in the State accounting system.
- The third digit (4) is the last digit of the calendar year (CY) in which the incident occurred (2002).
- The fourth digit (0) represents the Region in which the incident occurred (Coastal).
- The fifth digit (3) represents the specific area within the general area in which the incident occurred (Kenai).
- The sixth, seventh and eighth digits (011) compose the consecutive fire incident number in the State of Alaska, issued from the Statewide log book located at AICC (the 11th fire incident that year).

1 st and 2 nd Digits <u>LEDGER</u>	3 rd Digit <u>YEAR CODE</u>	4 th Digit <u>REGION CODE</u>	5 th Digit <u>AREA CODE</u>	6 th , 7 th and 8 th Digits <u>INCIDENT NUMBER ASSIGNED BY AICC</u>
73	X	Coastal - 0	Anchorage/Mat-Su – 1	XXX
			Kenai/Kodiak – 3	
			Southwest – 4	
			Haines – 5	
		Coastal – 4 For severe fire season use *	Anchorage/Mat-Su – 1	
			Kenai/Kodiak – 3	
			Southwest – 4	
			Haines – 5	
		Northern - 1	Fairbanks – 1	
			Delta – 2	
			Tok – 3	
			Valdez/Copper River – 4	
		Northern – 5 For severe fire season use *	Fairbanks – 1	
			Delta – 2	
			Tok – 3	
			Valdez/Copper River - 4	
		Chief, Fire Management – 3	Federal Protection – 1	
			BLM Reimbursable Support – 2	
			Non-specific Suppression - 3	
			Non-suppression Reimbursable – 4	
			Canadian Fires – 5	
			USFS Reimbursable Support - 7	
			Compact Incidents in Lower 48 – 8	
			ADES Support -9	

* Coastal and Northern have a second Region Code number that are used during fire seasons which have more than 1000 issued fire numbers. The State Coordinator assigned to AICC will authorize the use.

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Search and Rescue Incidents (S&R)

When using the CC 10310055, the ledger code is not necessary. When using CC 10310130, request the non-suppression reimbursable eight digit ledger code from AIFCC shift coordinator.

Emergency Firefighters

EFF timesheets will be coded with appropriate eight digit State incident number in the Fire Name block of the OF-288. The appropriate AFS/USFS incident number is recorded in the Fire No. block of the OF-288.

State Code (Fire Name Block)	AFS/USFS Code (Fire No. Block)	Special Provisions
8 digit incident # (ex. – 73X11013)	4 or 6 digit incident # (ex. – B013 or P01013)	Enter both State and AFS/USFS codes, if incident numbers are exchanged.
8 digit incident # (ex. – 73X11013)	(blank)	Enter only State code, if incident numbers are not exchanged.
73X36021	(blank)	Enter when EFF are hired for High Fire Danger

Special purpose incident numbers are controlled by the Chief, Fire Management, and are issued by the AICC State Coordinator.

73X31XXX Issued to fires on state & private owned lands within BLM and AFS protection areas or the USFS protection area. Establishes a cross-reference number for incidents, which the state will reimburse BLM or the USFS.

73X32XXX Issued to **suppression** support actions for which the state will be reimbursed by BLM. Issue initiates a Bill for Collection to the BLM.

73X33XXX Assigned to state actions that support overall suppression activities that cannot be charged against a specific fire or several fires. **Advance approval by the State Fire Operations Forester and memo of explanation is mandatory.** Caution: review D.O. 17 (Chapter 15) and collocation codes pages 1-3 **before** requesting (73X33XXX) number.

73X34XXX Non-suppression reimbursable projects. **Advance approval by the State Fire Operations Forester is required.**

73X35XXX Assigned to suppression support actions for which the state will be reimbursed by the Yukon Territory and/or British Columbia, Canada. Issue initiates a Bill for Collection to Canada. Advance approval by the Fire Operations Forester is required.

73X37XXX Assigned to **suppression** support actions for which the state will be reimbursed by the USFS. Issue of incident number initiates a Bill for Collection to the USFS.

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**CREW COLLOCATION CODES USE ON HIRING
PAPERWORK**

Collocation Code for DOF Crews	Admin Unit	Location of Crew	Jet Port 3-letter Designator
10317030	C	Anchorage	ANC
10317031	C	Anchor Point	ENA
10317032	C	Aniak *	ANI
10317432	C	Bethel	BET
10317033	C	Big Lake/Wasilla (Mat-Su)*	BGQ
10317034	C	2-Chevak *	VAK
10317036	C	Clam Gulch	ENA
10317037	C	Copper Center *	GKN
10317434	C	Crooked Creek *	CJX
10317038	N	Delta *	BIG
10317435	C	Dillingham	DLG
10317130	C	Eagle River	ANC
10317131	N	Fairbanks *	FAI
10317132	C	Gakona/Gulkana	GKN
10317133	C	Glennallen	GKN
10317134	C	Haines/ Juneau *	JNU
10317135	C	Homer	HOM
10317136	C	Hooper Bay	HPB
10317137	C	Iliamna/Newhalen	ILI
10317138	C	Kenai	ENA
10317139	C	Lower Kalskag *	KLK
10317230	C	McGrath	MCG
10317231	N	Mentasta *	ORT
10317232	N	Nenana *	ENN
10317431	C	New Stuyahok *	KNW
10317233	C	Nikolai *	5NI
10317234	C	Nondalton *	5NN
10317236	N	Northway *	ORT
10317237	C	Palmer (Mat-Su)	PAQ
10317430	C	Scammon Bay *	SCN
10317238	C	Seward	SWD
10317239	C	Shageluk *	SHX
10317235	C	Slana	GKN
10317330	C	Sleetmute *	SLQ
10317437	C	Soldotna	ENA
10317331	C	Sterling	SNA
10317433	C	Stony River	SRV
10317332	N	Tanacross *	TSG
10317436	N	Tazlina Type 1*	GKN
10317333	N	Tetlin *	5TE
10317334	N	Tok *	6K8
10317335	C	Tyonek	TLK
10317336	C	Unalakleet	UNK
10317337	C	Upper Kalskag *	KLK
10317338	C	Valdez	VDZ
10317035		Other EFF, both Regions	

Alaska Fire Service Payrolled Crews	
Allakaket/Alatna	AET
Ambler	AFM
Arctic Village	ARC
Beaver	WBQ
Buckland	7K5
Chalkyitsik	CIK
Eagle	EAA
Ft. Yukon	FYU
Galena	GAL
Grayling	KGX
Holy Cross	4Z4
Hughes	HUS
Huslia	HSL
Kaltag	KAL
Kiana	IAN
Kotlik	2A9
Koyuk	KKA
Koyukuk	KYU
Minto	5IZ
Mt. Village	MOU
Noorvik	ORV
Nulato	NUL
Pilot Station	0AK
Rampart	RMP
Ruby	RBV
St. Mary's	KSM
St. Michael's	SMK
Selawik	WLK
Shungnak	SHG
Stebbins	WBB
Stevens Village	SVS
Tanana	TAN
Venetie	VEE

*Division of Forestry designated crews

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Fire Suppression Procurement Policy and Procedures

Revised 4/19/96



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1. Authority and Definitions

The purpose of this chapter is to provide procurement guidelines and procedures for the Division of Forestry fire suppression operations.

1.1. Authority

AS 41.15.010 - 41.15.170. Outlines Department of Natural Resources responsibilities to protect the State, private, and municipal land from fire.

AS 36.30.310 Emergency Procurements. Defines the requirements under which emergency procurements may be applicable.

AS 36.30.520. (a) Records of Sole Source and Emergency Procurements. Defines the reporting requirements for emergency procurements.

2 AAC 12.440 Determination of Emergency Conditions. Further clarifies the requirements for emergency procurements.

2 AAC 12.450 (c) Procurement Methods for Emergency Conditions states that "a procurement by the Department of Natural Resources during a fire suppression emergency shall be made in accordance with the procedures established by that department."

The Department of Administration's delegation of authority to DNR specifically delegates authority to DNR to "contract in unlimited amounts, for the use of fire fighting equipment and for fire fighting services for use in responding to wildfire emergencies (provided that the solicitation and contract comply with AS 36.30, 2 AAC12, and the Administrative Manual.)"

In addition "The department may purchase, in unlimited amounts, fire fighting equipment and supplies from the federal government, through G.S.A., specifically equipment and supplies listed in the National Interagency Fire Center catalog and the Wildfire Suppression catalog, as provided in AS 36.30.910."

This procurement authority is specifically delegated to the State Forester in accordance with Section 3.1 of DNR Procurement Policies and Procedures Manual and written delegations of authority from the State Forester to Division of Forestry employees.

1.2. Definitions

The following definitions apply unless the context in which a term is used clearly requires a different meaning. Definitions in quotes are taken directly from AS 36.30.990 or 2 AAC 12.290.

Commissary: Temporary stores for providing personal items necessary to meet the basic needs of remote fire fighters to keep them productive while on duty. Stores are monitored by

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department staff and only frequently requested items may be kept in stock, most other commissary items are purchased on an as requested basis and costs are recovered through payroll deductions.

Continuing Offer: A vendor's response to a Division of Forestry request for offer solicited prior to or during fire season. Continuing offers may result in contracts for goods or services during suppression operations. Most continuing offers are for equipment rental, however some offers may be established for other goods and services. Each continuing offer is individually numbered and is valid for only one fire season.

Equipment Rental Agreements: Written agreements entered into during fire suppression operations to provide equipment rental services.

Fire Incident Report: A report documenting the fire incident (form 10-2161 or form DI-1202) and detailing the situations that existed that warranted the requests for resources to fight the fire. For the purposes of complying with AS 36.30, this determination must be signed by the area or regional forester and will be filed with the chief procurement officer for all fires where emergency procurement activity took place.

Pre-suppression Activity: Activities necessary to bring the fire management operations to an adequate level of preparedness prior to actual suppression activities.

Procurement Officer: A person authorized in writing to solicit, enter into, or administer contracts for a Division and make written determinations with respect to them within limits of delegated authority. For the purpose of making the emergency determinations the procurement officer is the manager responsible for filing the fire incident report or the manager responsible for accepting the resource order from a federal agency. For the purpose for ordering supplies and services the procurement officer may be the dispatcher, incident commander, or person delegated authority to create obligations.

Resource Order: A written request for equipment, supplies, or manpower necessary to fight a fire.

Services: "The furnishing of labor, time, or effort by a contractor, not involving the delivery of a specific end product other than reports that are merely incidental to the required performance; it does not include employment agreements or collective bargaining agreements."

Solicit: The act of requesting bids, proposals, or quotations either in written or oral form.

Solicitation: An invitation to bid, request for proposals, requests for continuing offers, request for quotations, or any other document or request for offers issued by the State for the purpose of soliciting bids or proposals to perform a State contract.

Supplies: "All property of an agency including equipment, materials, and insurance; it includes privately owned real property leased for use of agencies, such as office space."

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Suppression Activity: Actions taken to control, fight, or monitor wildfire situations after a determination is made that a fire incident is in progress.

2. Normal Purchasing Practices

All DOF procurements will be made, to the maximum extent possible, using standard bid procedures and appropriate purchasing documents. DOF will plan for anticipated fire suppression purchases, use existing Contract Awards, and request new Contract Awards (e.g. large aircraft contracts) as appropriate in accordance with the procedures outlined in this manual, including the following specific guidelines.

2.1. Small Procurements <\$1,000

Applicability of section: These procedures apply to all purchases of supplies, services, professional services except purchases of the following items:

<u>Commodity type</u>	<u>Reference for Procedures</u>
Radio and communication equipment	DNR P&P 3.5.2.4. and 3.5.2.5.
Computer hardware and software	DNR P&P 3.5.2.3.
Office and storage lease space	DNR P&P 3.5.4.
Purchases from G.S.A. or NICC	(See Div Forestry Procurement Officer)
Printing services	DNR P&P 3.5.3.1.
Professional services	DNR P&P 3.6.2.
Vehicles	DNR P&P 3.5.6.

Refer to the appropriate section in Chapter 5 of DNR procurement policies and procedures for additional procedures or restrictions on purchasing these types of supplies or services.

Documentation: Purchases of most supplies and services under \$1,000 can be made over the phone or in person without a state purchasing document. An approved vendor's invoice is all that is required for requesting payment. Delivery orders or stock requests may be used if the vendor requests a state purchasing document. FPOs may be used for purchases up to \$1000 during normal purchasing situations.

A Delivery Order (DO) must be used for all purchases over \$1,000, or purchases under \$500 for Class A controlled property, guns, or radios for example, **except** DOs are not required for the purchase of Contract Award supplies or services that are less than \$1,000. Bid Abstracts are not required to accompany DOs less than \$1000. Whenever DOs are used they must be distributed in accordance with section 2.2. of this chapter.

Solicitation: Purchases of supplies or services under \$1,000 on contract award will be made from the contract award vendor. Purchases under \$1,000 for items not on contract award will be made

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with reasonable solicitation based on the circumstances. In determining what is reasonable, the following factors should be considered:

The cost of the services or supplies. The higher the cost the more reasonable it would be to get quotes from multiple sources.

The availability of the services or supplies. The more vendors who can provide the supplies or services the more reasonable it would be to get quotes from multiple sources.

The delivery requirements of the goods or services. The more time you have until you need the services or supplies the more reasonable it would be to get quotes from multiple sources.

Purchasing persons should be able to justify their level of solicitation if questioned. No formal bid abstract is required.

Award: Award should be made to the lowest bidder who can meet all the requirements of your specifications, including delivery time and quoted price.

2.2. Small Procurements >\$1000 and <\$5000

Applicability of section: These procedures apply to all purchases of supplies and services, except purchases of the following items:

<u>Commodity type</u>	<u>Reference for Procedures</u>
Radio and communication equipment	DNR P&P 3.5.2.4. and 3.5.2.5.
Computer hardware and software	DNR P&P 3.5.2.3.
Office and storage lease space	DNR P&P 3.5.4.
Purchases from G.S.A. or NICC	(See Div Forestry Procurement Officer)
Printing services	DNR P&P 3.5.3.1.
Professional services	DNR P&P 3.6.2.
Vehicles	DNR P&P 3.5.6.

Refer to the appropriate section of the DNR procurement policies and procedures for additional procedures or restrictions on purchasing these types of supplies or services.

Documentation: All purchases of supplies or services over >\$1000 and <\$5000 will be made on an approved Delivery Order. Contract award purchases will be made from the contract award vendor and shall reference the Contract Award number on the DO. All non-contract award purchases will be accompanied by a bid abstract DNR form 10-0032 or other approved form documenting the solicitation process and distributed in accordance with the following table.

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<u>(1) DO Copy</u>	<u>Attachments</u>	<u>Distribution</u>
White (original)		To vendor when order is cut
Blue	(2) Bid Abstract	To Support Services, Finance when order is complete and received
Yellow	(2) Bid Abstract, invoice	
Green		
Goldenrod	(2) Bid Abstract	To DOF Procurement Officer, Anchorage when order is issued (3)
Pink	(2) Bid Abstract	

(1) DO copy refers to the Delivery Order original or carbon copy and all continuation sheets or additional specifications, requirements, or contractual information relating to the DO.

(2) Bid abstracts are not required for contract award purchases, however the CA number must be referenced on the DO.

(3) These copies are reviewed and forwarded to the Division of Support Services for filing and processing to DOA, GS&S.

Solicitation: Alaskan vendors should be contacted when soliciting quotes for supplies or services not on contract award estimated to cost between \$1000 and \$5000 unless it is documented that it is not practicable. If three vendors cannot be contacted, the bid abstract should include a determination explaining why it was not practical to solicit quotes from three vendors. Solicitation may be made over the phone or by issuing written requests for quotes.

The more complex the purchase the greater the need to issue written request for quotes to vendors and give them a reasonable amount of time to respond. For example, when soliciting quotes for construction or maintenance over \$5000 the DNR request for quotes form must be used and written quotes must be received to assure an understanding of the insurance and minimum wage requirements of the bid.

In general, the following steps should be followed.

1. Determine your specifications before you began making contacts.
 - What you need. (Are specific brands required?)
 - When you need it. (What are my deadlines?)
 - Where you need it. (Is shipping a factor? Do they deliver?)
 - Who is paying for it. (How much can we afford?)

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2. Document your solicitation process in writing on a bid abstract form or other approved document.
Your bid requirements, What, When, Where, Who.
Name and phone number of who you talk to or contact.
Name and address of the vendor.
The vendor's response or bid.
3. Give all vendors the same information.
Give them a list of prepared specifications, what, when, where.
Let them know if substitutes are acceptable.
If they can't respond immediately give them a deadline for getting back in touch with you.
Will award by total lot or by item?
Do not reveal bid prices to other vendors until after award is made.
4. Get all the information you need from vendors.
Are the prices current and do they include shipping?
Are the items in stock?
When will they be able to deliver and can they meet delivery dates?
How long will they honor the quote?
Do they have an Alaskan Business License?
5. Review the responses carefully.
Is shipping costs included in all quotes?
Are the FOB points the same for all bids.
Are all vendors Alaskan vendors or do you need to consider Alaskan bidder preference in determining who has the low bid?
Did any of them propose Alaskan products or require another preference?
6. Confirm the quote and follow up with the Delivery Order.
Make a phone call to confirm the quote.
If purchasing services record the vendor's SSN or EIN number on the DO.
Issue written DO immediately and distribute to the vendor.
If time permits let other vendors know who bid was awarded to.

Award: Award must be made to the lowest responsive and responsible bidder taking into consideration any appropriate Alaska products preferences and a 5% Alaskan bidder's preference. The low bidder must also be able to meet all the requirements of your specifications including delivery time, quoted price, and any specific requirements of your solicitation.

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2.3 Large Procurements (Radios and Non-Contract Award >\$5000)

Procurements of goods or services not on contract award in excess of \$5000 will be requested on a State Purchase Requisition (PR) to the Department Procurement Officer. Documents should be routed through the Anchorage, Division of Support Services, Admin Support Unit for review and assignment of PR numbers.

Purchase requests > \$5,000 will be reviewed by Division of Support Services, Procurement staff and authority may be delegated back to the Division of Forestry on a case by case basis for solicitation. If authority is granted, the Division of Forestry will issue a formal written Request for Quotations (RFQ), or Invitation to Bid, compile the solicitation information, and forward the documentation to the Department Procurement Officer who will review the solicitation and make the award.

Purchases of all radio equipment (no matter what the dollar value) will be requested on a State Purchases Requisition (PR) for solicitation and award by DOA, Division of Information Services.

Because of the time required for solicitation PRs should be submitted through the Division of Forestry Procurement Officer no later than January 1 for contracts or services required by the following fire season.

Some contracts for supplies or equipment solicited and established by GS&S include food orders for McGrath, establishment of contract awards for pumps and hose, other contract awards available for statewide use.

3. Procurements Exempt from Normal Requirements

The following list of items are exempt from the normal purchasing and reporting requirements of the State Procurement Code and are subject to the purchasing procedures referenced below.

3.1. Cooperative Agreements

AS 41.15.030.(a) states that "the Commissioner (*of DNR*) may enter into necessary protection contracts." This authority is sub-delegated by DNR policy and procedures to the Director of Forestry.

AS 36.30.700 further states that "a public procurement unit (*State Agency*) may either participate in sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of supplies, services, professional services, or construction with one or more public procurement units (*State agencies*) or external procurement activities (*federal or municipal agencies*) in accordance with an agreement entered into between the participants."

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DOF has entered into Cooperative Agreements with the Bureau of Land Management/Alaska Fire Service, United States Forest Service, and Yukon Territory, Canada for a wide variety of mutual benefit support and services.

Personnel, supplies, equipment, aircraft and other services may be exchanged by DOF - Federal and Canadian agencies upon processing of a Resource Order or as specified in the Cooperative Agreement.

The establishment of cooperative agreements will be in accordance with DNR Procurement Policies and Procedures Manual Section 3.7.2. Procurements from these Federal agencies are not reportable as emergency procurements, however purchases on behalf of another agency made by DNR may be reported as emergency procurements in accordance with Section 5 of this chapter.

3.2. NICC & GSA Purchasing

DNR's delegation of purchasing authority from DOA provides that, "The department may purchase, in unlimited amounts, fire fighting equipment and supplies from the federal government, through GSA, specifically equipment and supplies listed in the National Interagency Fire Center catalog and the Wildfire Suppression catalog, as provided in AS 36.30.910."

The Division of Forestry Procurement Officer will coordinate purchase of supplies and equipment from GSA and NICC. The Division of Forestry will follow federal procedures and regulations in procuring supplies and equipment from GSA and NICC.

3.3. Procurement of Commissary, Meals, and Lodging

In accordance with AS 36.30.990(9) the definitions of services under the State procurement code, "does not include employment agreements or collective bargaining agreements." As a result these types of agreements are not subject to the State procurement code. The State Admin Manual section 8100 Addendum further states that "the following items do not fall under the procurement code; Payments made to third parties on behalf of a second party when the payments, if made directly to the second party, would not have fallen under the procurement code."

For this reason, purchases of commissary, meals, and lodging for firefighting personnel, which are either a requirement of an employment agreement or if made directly to the employee would not be covered under the procurement code, are not subject to the standard procurement policies and procedures.

Meals and lodging services will be procured and distributed in accordance with DNR meals and lodging policy and procedures. Contractor subsistence provided directly to the contractor will be handled in accordance with the procedures for employees or contractors may provide a portion or all of their own subsistence and bill those costs to the State in accordance with their contract.

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Commissary supplies will be procured and administered in accordance with the procedures outlined in the Alaska Incident Business Management Handbook, and the Alaska Emergency Firefighting Crew Management Guide.

4. Purchasing Under Emergency Conditions

The Division of Forestry anticipates a normal level of supplies and equipment needed for fire suppression operations and maintains pre-established levels at Division of Forestry warehouses and caches. Certain reoccurring services can also be anticipated and are pre-arranged for rapid activation.

In addition, access to cooperating agencies warehouse caches and services are pre-arranged through Cooperative Agreements and activated by a formal resource order.

Most DOF responses to wildfire are therefore of a routine nature for a suppression organization. However, conditions and situations requiring utilization of emergency procurement procedures can develop quickly. This section outlines policies and procedures for procuring services under emergency conditions.

Occasionally the Division of Forestry may be called to assist in other emergency (life threatening) situations. These procedures may also be followed provided that the written determination of that emergency situation is documented by regional or area forester and made a part of the procurement file.

4.1. Determination of Emergency Conditions

AS 36.30.310 states that "Procurements may be made under emergency conditions as defined in regulations adopted by the commissioner when there exists a threat to public health, welfare, or safety, when a situation exists that makes procurement through competitive sealed bidding or competitive sealed proposals impractical or contrary to the public interest, or to protect public or private property. An emergency procurement need not be made through competitive sealed bidding or competitive sealed proposals but shall be made with competition that is practicable under the circumstances. A written determination by the procurement officer of the basis for the emergency and for the selection of the particular contractor shall be included in the contract file. The written determination must include findings of fact that support the determination."

2 AAC 12.440 (a) further states that "for the purposes of AS 36.30.310, emergency conditions might arise by reason of fire, or for other compelling reasons. Before emergency procurement under AS 36.30.310 may be made, the Procurement Officer or the agency official responsible shall make a written determination of emergency, stating the factual basis for a finding of emergency."

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Wildfire suppression actions undertaken by the Division of Forestry (DOF), Department of Natural Resources, are in response to conditions threatening life, property, and natural surface resources and such actions are therefore established as emergency conditions in accordance with 2 AAC 12.440 and under AS 41.15.010 - 41.15.170.

For the purpose of meeting the requirements of AS 36.30.310 and 2 AAC 12.440 the determination of emergency conditions relating directly to suppression action shall be documented by the Individual Incident Report, form 10-2161, or federal form DI-1202, prepared and maintained by a Region and will bear the signature of the Regional Forester or the Regional FMO. The determination of emergency conditions relating to state assistance on federal fires will be documented by the Alaska Interagency Coordination Center (AICC). The determination of emergency conditions relating to emergency procurements necessary for restocking of warehouses during potential high fire incidents will be provided in memo signed by the Regional Forester or the Region FMO indicating the conditions that existed at the time the procurements were made.

Determinations for providing emergency assistance to other state or municipal agencies will be documented by those agencies and filed with the procurement documents as required. Those determinations may be in the form of a resource order, emergency declaration, or memo justifying the reason for using emergency procurement procedures.

The Department Procurement Officer will review the accounting records in October to determine what emergency procurements took place and what determinations and procurement reports must be filed with the Department of Administration in accordance with 2 AAC 12.460 and AS 36.30.520.

The State Fire Operations Forester will provide a copy of each requested Final Incident Report or other appropriate determination for the season not later than November 30 of each year for the previous fire season activity to the Director, Division of Support Services.

The consolidated package of determinations, with a summary of expenditures by incident, will be sent to Director, Division of Support Services, as a written determination of the existence of emergency condition(s) for forwarding to the Department of Administration to meet the requirements of AS 36.30.520.

Detailed files including resource orders and original Final Incident Reports will be maintained by the Division of Forestry Region Fire Offices for a period of at least five years.

4.2. Continuing Offers

Each Region will establish and maintain a record of continuing offers for equipment rental services and supplies needed during fire suppression operations. These offers will be used during suppression activity to assure reasonable competition based on the circumstances. They may not be used for normal purchasing operations, however they may be used in other life threatening

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emergency operations. Continuing Offers (COs) may be updated and added to during the course of the fire season as need arises.

4.2.1. Establishing Continuing Offers

DOF Region and Area Logistics offices will provide public notice of the request for offers for the services expected to be needed during the fire season prior to fire season.

Public notice of the request for offers, prior to fire season, shall be published in the Alaska Administrative Journal and by at least one of the following methods:

- (1) In mailings to those on contractors lists compiled under 2 AAC 12.060;
- (2) In a newspaper of general circulation;
- (3) In a newspaper of local circulation in the area pertinent to the procurement;
- (4) In other appropriate media.

Continuing offers established during fire suppression operations will be reasonably solicited to the extent necessary to fulfill the requirements of the situation taking into consideration availability of goods or services from existing offers.

Forms and Format: Emergency Equipment Rental Agreement, form 10-2193; Rental of Equipment Conditions, form 10-2197a; Aircraft Rental Offer, form 10-3135; and Rental of Aircraft Conditions, form 10-3134; will to be used as applicable to establish continuing offers for use during suppression activity.

The Emergency Equipment Rental Agreement Form 10-2193; may also be used for miscellaneous supplies or services.

Additional forms may be used for establishing a record of offers for lodging, meals, and supplies. For example, written quotes may be obtained from a vendor prior to fire season for commodities and services that are normally procured during periods of high fire activity. These quotes may be kept on file as continuing offers provided they contain the minimum information listed below.

Each Continuing Offer must contain the following information:

Continuing Offer number 96 (Calendar year)-- CO-(Region Ref)- Number--
for example 96-CO-NRO-003

Time period for which the offer is valid

Vendor's name, address, and phone number

Tax ID code or SSN of the vendor

AK business license number

Services or supplies offered

Unit prices for the services offered

Signature of the vendor

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Distribution: Each Region shall forward a copy of each continuing offer, as they are received, to Division of Support Services, Anchorage, Attention: Procurement Officer, who will maintain a complete set of continuing offers for the Department.

Continuing Offers (COs) obtained immediately prior to purchase shall also be forwarded with appropriate purchasing documentation when submitted for payment.

Each region will be responsible for maintaining a file of continuing offers for their region.

4.2.2. Awarding Contracts from Continuing Offers

Award of a contract from continuing offers will be based on the ability of the supplies or services to meet the requirements of the fire resource order, availability, and cost, including mobilization and demobilization costs.

4.3. Procurement during Suppression Activity

During suppression activity purchases shall be made based on processing of a Resource (Fire) Order, Form NFES 1406 or a verbal request for purchase. Procurement persons will consider the following sources when filling supply and equipment requirements of a resource order. (Sources below are not necessarily in priority order)

- State warehouse inventories.
- State contract awards.
- Federal caches.
- Other agency agreements or contracts.
- NICC/GSA
- Continuing offers.
- Local purchases.

4.3.1. Local Purchases of Supplies and Equipment

An attempt must be made to obtain three price quotes prior to all procurements not available from contract awards or continuing offers when feasible. Because immediate response is necessary and a high level of activity during the fire season is often experienced, it is not always possible to obtain quotes prior to the purchase.

Although it is desirable, a state purchasing document is not a requirement in making purchases during on-going incidents; however, a copy of the bid abstract or reference to Continuing Offer (CO) or Contract Award (CA) number should accompany each invoice over \$1,000 submitted for payment. If no bids are solicited or documented, and the request is greater than \$1,000 and not on contract award or a continuing offer, or the procurement exceeded \$25,000 and is not on state Contract Award, the invoice should be clearly stamped EMG to indicate emergency purchase procedures were used.

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All purchases of supplies and equipment greater than \$1,000 without solicitation documentation or continuing offer awards greater than \$25,000 will be reported as emergency procurements in accordance with AS 36.30.520 and section 5 of this chapter.

4.3.2. Heavy Equipment Rental Agreements

All equipment services must be provided by vendors and equipment covered by an Emergency Equipment Rental Agreement or formal suppression/support agreement.

When equipment is not available from contract award or state or federal sources the resource orders will be filled by use of established continuing offers. If no offers are available for the equipment needed or if the office knows of other vendors who may be ready and available, offers may be requested from those vendors.

Vendors can be contacted verbally or in writing and ordered to report for work. Rates will not be changed while equipment is under hire, except by mutual consent of both the owner and Duty Officer.

All equipment will be inspected before and after use, using form 296, Vehicle/Heavy Equipment Checklist.

Emergency Equipment Rental Agreement, Form 10-2193: is filled out similar to the federal Emergency Equipment Rental Agreement form OF 294, with the following important points:

Block 8: Fuel is normally provided by the government, and oil and servicing by the contractor.

Block 16: Must contain either the contractor's or the owner's social security number.

Block 16 must also contain the statement "I certify that I have read the 'Rental of Equipment Conditions contained on State Form 10-2197a."

Equipment Timekeeping and Payment: The State of Alaska will generally use the same timekeeping and documentation standards as BLM:

Daily or shift times will be kept on form of 297, Rental Equipment Use Record

Form of 286, Emergency Equipment Use Invoice will be used as the payment invoice.

Upon release of equipment, the following documents will be forwarded to the Area Forester for approval, then Region office for signatures and processing:

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Original form of 286 Emergency Equipment Use Invoice, along with:

- a) Copy of form 10-2193, Emergency Rental Agreement.
- b) Two copies of form of 296, Vehicle/Heavy Equipment Inspection Checklist: one copy of the pre-use inspection, and one copy of the release inspection,
-or-
a statement from the vendor that no damage to equipment has occurred during hire.
- c) Copies of all forms 297, Rental Equipment Use Record, pertinent to the hire.

4.3.3. Warehouse Restocking

Should a situation develop in which (urgent) restocking of a Regional/Area warehouse is warranted, the Regional Forester will provide a written explanation to Deputy Director for the utilization of the emergency purchasing procedures described in this memorandum and limit emergency purchases to critical items only. A copy of that memorandum will accompany the invoice(s) when being sent in for payment. The routine restocking (non-urgent) of warehouses requires adherence to normal purchasing procedures.

5. Invoicing and Bill Payment

The purpose of this section is to identify the minimum invoice requirements and the process of review, coding, and approval required to pay the Division's fire bills.

Information Needed on Each Invoice:

The vendor must sign invoices not on printed bill head.
Purchase is made with invoice reflected as being sold to:

State of Alaska
Department of Natural Resources
Division of Forestry
AREA or OFFICE NAME AND ADDRESS

Date of purchase.
Vendor's name, address, and telephone number.
Vendor's Tax ID or SSN (If not previously submitted to fiscal)
Vendor invoice number.
Purchaser's name--print or write legibly.

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Itemized description of each item purchased (if the vendor writes only item numbers; be sure to write in the item name).

Quantity of items purchased.

Cost per unit.

Total purchase price.

Billings for freight charges greater than \$200 must include a copy of the freight bill as back up to the invoice.

Receipt of Goods and Services. On receipt of an invoice, it is the primary responsibility of a unit supervisor or designee to determine that the State has received the goods or services listed on the invoice and that the cost of the goods or service is reasonable.

Approval for Payment: The supervisor or designee determines the eight-digit collocation code, five-digit account code (such as 74221 for stationery and supplies) and eight-digit fire number. Suppression invoices will be stamped with the approval stamp, coded, signed by the Area Forester if an area bill, and transmitted to Region Foresters for approval.

Invoice copies must be kept on file for three years in the area or region responsible for the purchase or with the final fire package.

The following table is a summary of the information references needed with various types of invoices for fire suppression.

Type of Inventory	Amount	References on Invoice	DOA Reportable
Commissary	\$ all	cc, fire #, rd, approval	No
Meals/Lodging	\$ all	cc, fire #, rd, personnel names, approval	No
Equip/Aircraft Rental CA	\$ all	cc, fire #, rd, CA#, approval	No
Supply Purchase CA	\$ all	cc, fire #, rd, CA#, approval	No
NICC or GSA	\$ all	cc, fire #, rd, approval	No
Local Supply Purchase	<\$1000	cc, fire #, rd, approval	No
Local Purchase With Bids	<\$5000	cc, fire #, rd, approval, (Bid abstract)	No
Equip/Aircraft Services/Rental CO	<\$25,000	cc, fire #, rd, approval, CO #	No
Local Purchase no Bids	>\$1,000	cc, fire #, approval, RD10999, EMG**	Yes
Local Purchase Bids	>\$5,000	cc, fire #, RD10999 if no Abstract approval, EMG**	Yes
Equip/Aircraft Services/Rental CO	>\$25,000	cc, approval, CO # fire #, RD10999, EMG**	Yes
Supply Purchase CO	>\$25,000	cc, approval, CO # fire #, RD10999, EMG**	Yes

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** EMG & RD10999 References are required for gathering information regarding emergency purchases in accordance with section 6.

6. Reporting Emergency Procurements

Through the use of AKSAS, the Alaska State Accounting System, the Department of Natural Resources will provide a report to DOA no later than December 15th of each year documenting the emergency procurements that took place.

This report will include:

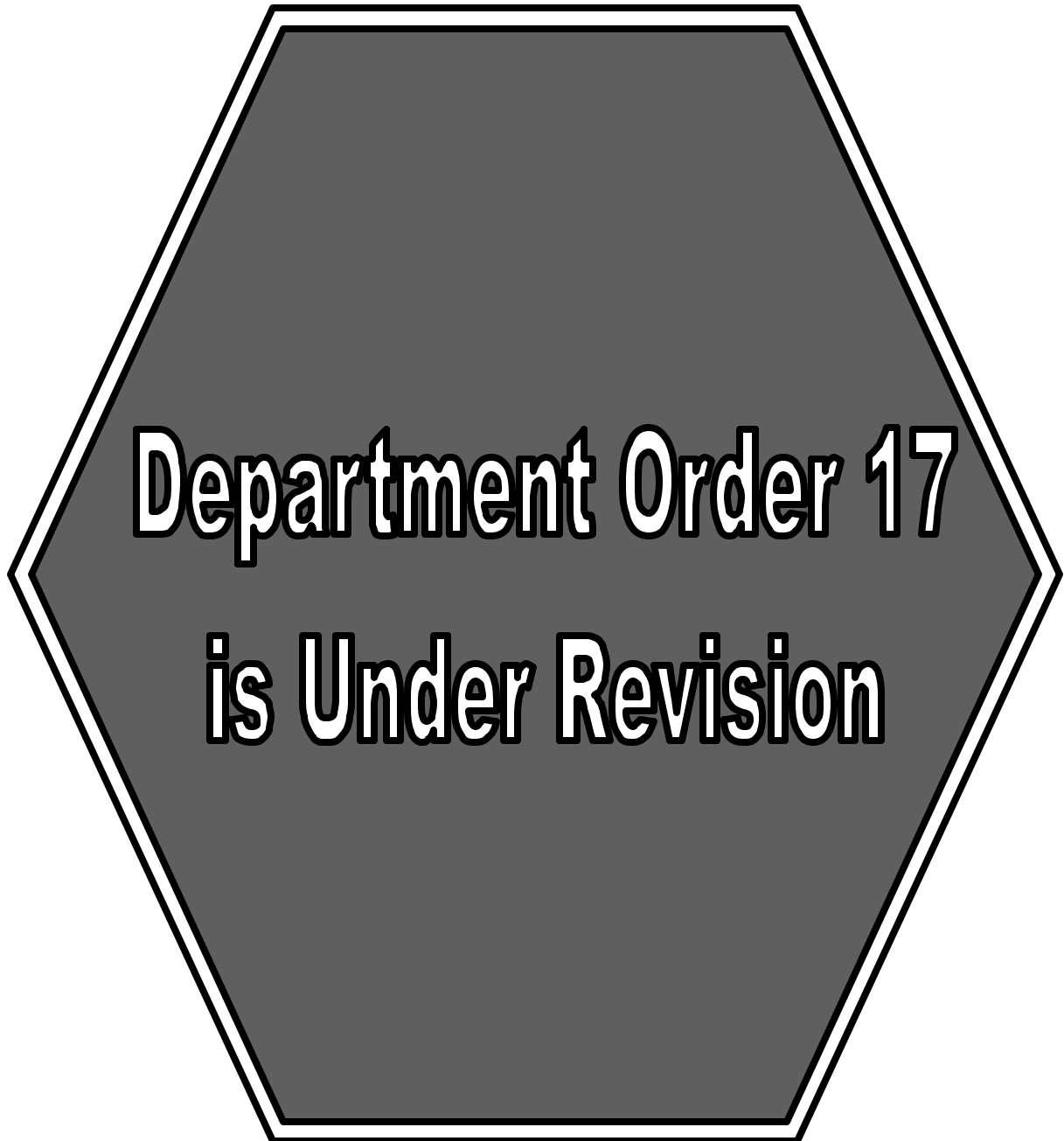
- Copies of applicable fire incident reports.
- Copies of memorandums requesting emergency restocking of warehouses.
- Copies of appropriate federal or other agency determinations applicable to emergency procurements.
- A summary of expenditures by incident with a listing of where a more detailed file on that incident can be found.

The Accounting Supervisor in the Division of Support Services will provide an audit trail report to the Department Procurement Officer based upon reference type "EMG" and RD #10999. The Audit Trail report will provide total cost summary by vendor, account number, and ledger code number. Audit trails will be requested no later than August 31 for the previous spring-summer activity, and no later than October 15 for the previous summer-fall fire activity.

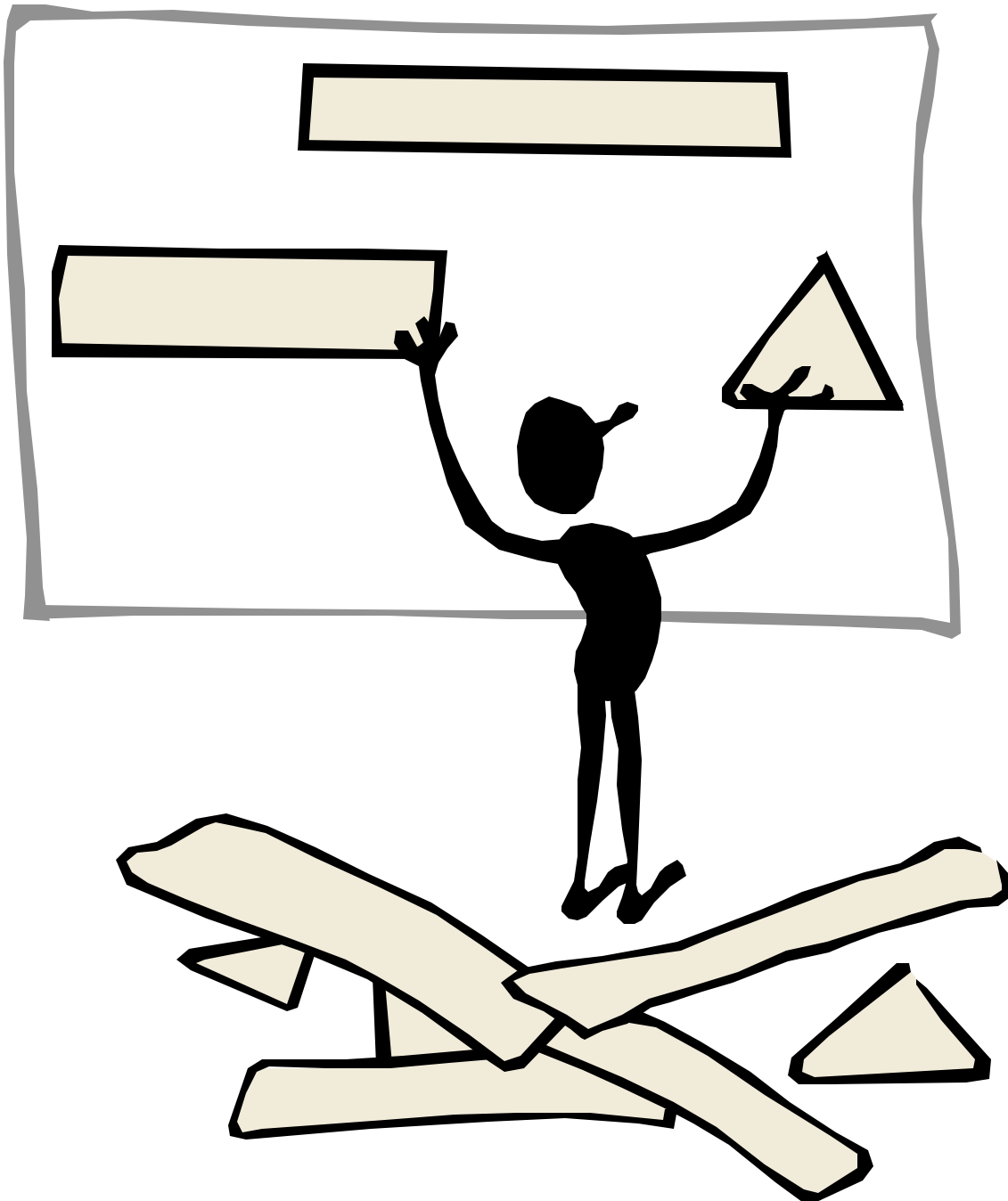
Additionally, a copy of the daily Financial Transaction Register for RD10999 will be forwarded to the Division of Support Services, Procurement Officer who will review the Audit Trails and notify Division of Forestry, Administrative Officer which Final Incident Reports will be required for documenting the emergency procurements.

Records of determination of emergency conditions will be consolidated and forwarded by the Deputy Director for Management to the Director, Division of Support Services by the end of November for the previous fire seasons' emergency procurement activity.

The Department Procurement Officer will then forward these reports to the Commissioner of Administration where they will be maintained for a period of 5 years in accordance with AS 36.30.520.



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Final Fire Package

How to arrange Final Fire Package:

File crews alphabetically.

File single resource alphabetically

Injury files

Copies of all injury paperwork attached to injury log in date order (as shown on log). Identify files that are complete and those that require follow-up.

Claims

Separate claims into categories:

- Employee
- Contract
- Third party
- Potential

Provide written documentation on follow up, problems, and recommendations for solutions.

Procurement

Original logs

Equipment

File Emergency Equipment Use envelopes alphabetically. Identify files as ready for payment or follow-up required. Each equipment envelope to contain (in original, carbon or copy form):

- Rental agreement
- Pre use and release inspections
- Copy of resource order
- Shift tickets in chronological order with E# in top right corner
- Copies of any deductions (commissary, fuel, etc.)
- Completed and signed invoice
- Documentation of existing or potential claims
- Follow up required

Receipts – copies of all receipts with appropriate resource order number indicated

Original Land-Use or other agreement files

- Original agreement
- Pre-use and release inspection
- Pictures / statements, etc.
- Identify follow up needed and provide recommendations for resolution

Commissary – If commissary items are purchased locally by the IMT, these items must be zeroed out prior to the end of the incident (purchase – issue – return = 0). The IMT may only purchase items that can be returned to the local vendor prior to the incident closeout. The IMT must return items to vendors prior to release.

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Upon your arrival you should be provided with the following:

- ◇ AIBMH (Alaska Incident Business Management Handbook)
- ◇ Alaska – Type II Crew Management Guide
- ◇ Area Orientation (dispatch) Guide
- ◇ Local phone book

You should have brought with you an **Interagency Incident Business Management Handbook**. If you do not have one, please let the Area/Regional office know so they can provide you with one.

You have been assigned to a fire within State of Alaska jurisdiction. The land to be protected may involve multiple agencies (NPS, BIA, FWS, BLM, State of Alaska), however, due to interagency agreements, no cost share agreements are necessary. Cross billing on all Federal land is accomplished at the end of the year. State Area Offices are responsible for cooperative agreements between the State and the individual Fire Departments (road system fires). Be sure to coordinate with the administering office to obtain copies of pertinent agreements.

Protection responsibility in the State of Alaska is divided among 3 agencies (see map).

- ◇ The Northern part of the State is protected by the BLM - Alaska Fire Service
- ◇ The Southern part of the State is protected by State of Alaska, Department of Natural Resources, Division of Forestry (except the Chugach National Forest)
- ◇ The Southeastern part of the State is protected by Department of Agriculture, US Forest Service

The **State-managed area** is divided into two fire management regions for fire protection- the Northern Region and Coastal Region (see map). Each of these management areas is further divided into individual Area Offices as follows:

- ◇ Northern Region includes Tok, Delta, Glennallen (Valdez/Copper River) and Fairbanks
- ◇ Coastal Region includes Palmer (Mat-Su), McGrath (Southwestern), Haines (N SE), Ketchikan (S SE), and Soldotna (Kenai-Kodiak).

There is a Central Office located in Anchorage that provides oversight for both the Northern and Coastal regions.

Crews – There are both State and Federally-administered crews in Alaska – a sheet showing all crews, their administering agency and Area affiliation is located in the AIBMH Chapter 1 – Emergency Firefighter Hiring.

There is an Area organization chart attached. Generally speaking, your administrative contact will be the Administrative Clerk III at the Area office.

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PERSONNEL – See AIBMH chapters 1 & 2

Recruitment/Pay/Time

CTR's & OF 288's are required on all personnel assigned to the incident (including National Guard when dispatched as a unit, Borough employees, etc.). The CTR must be signed by a supervisor within the incident chain of command, and all OFF 288's must be signed off by an incident timekeeper.

R&R – State of Alaska recognizes and honors R&R for federal employees HOWEVER, for State of Alaska Regular State employees on an in-state assignment there is no R & R.

Ordered standby – must be documented in IAP showing shift clock hours and locations

Excess hours – all hours in excess of 16 after the first shift must have a written justification signed off by supervisor and approved (in writing) by the IC until containment

EFF versus AD – State of Alaska casual hire employees are referred to as EFF, and have a different pay plan than AD. EFF are paid overtime after a completing a 40 hour work week. The work week begins @ 0001 Monday and ends @ 2400 Sunday night.

EFF

Hiring – State of Alaska EFF are generally hired through the local Alaska Job Center. Before hiring, check with the Area office to ensure correct forms and procedures for hiring are understood. A hire packet will be provided upon request. The AIBMH contains a list of the required forms. EFF that have worked for the State previously may be hired without going through the Alaska Job Center.

Pay / Qualifications – State of Alaska adheres to the red card requirements as outlined in the AIBMH and the IIBMH. Pay rates for positions requiring red cards will not be honored unless the red card indicating qualifications for pertinent position is in the employees' possession.

Timesheet Submission see AIBMH, chapter 2

Due to the complex logistical issues presented in the State of Alaska you are encouraged to work closely with Area Logistics when coordinating return travel for in state personnel.

Single Resource

State (EFF) – Travel time is projected and the timesheet closed out and turned in to the administering office for submission. Logistics at the home unit should be notified (copy for fire file).

Federal (AD) – Travel time is projected and the timesheet closed out and sent with the employee to be turned in at their point of hire (home unit) IMMEDIATELY upon their return. Logistics at

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the home unit should be notified. If you are unable to coordinate with home unit, timesheet may be closed out and turned in to the State administering office for them to submit to the home unit.

Regular Federal Government – Travel time started and left open – it will be closed out by the employee's home unit

Regular State Government – Travel time started and left open – it will be closed out by the employees home unit

Other Agency Personnel – Project travel time to home unit, close out OF288 and give original to agency person (copy for fire file)

State of Alaska Regular government employees (NOT EFF) may ask that a note be made in the remarks column of the OF-288 stating "paid half hour meal period not recorded". State of Alaska General Government Unit (GGU) and Supervisory Unit (SU) employees receive an extra one-half hour paid meal break if they are required to work more than two hours before or after their normal shift. This would only apply to regular State employees on an incident. This time is not recorded on the OF 288 as clock hours, and the remark is only added if they are unable to take the paid break.

Fiscal Year End

State of Alaska fiscal year cutoff is June 30. Timesheets for both regular and EFF State employees must be cut off at end of shift or 2400 on **June 30**, and new timesheets started for July 1, 0001 or beginning of shift. Please coordinate with the Area office to get the timesheets submitted in a timely manner.

COMMISSARY – See chapter 3

Commissary – State of Alaska does NOT have contract commissary – State of Alaska utilizes agency provided commissary. Because agency-provided commissary is much more time and labor intense than contract commissary, Finance personnel should use a GREAT deal of discretion in the type of orders they take. Generally speaking, commissary in the State of Alaska should be limited to socks, chew and cigarettes. Any other items should be scrutinized thoroughly for actual "need", keeping in mind that an individual is expected to come prepared.

Commissary is covered in detail in the AIBMH, chapter 3

Commissary items can be purchased by the IMT or ordered through Regional Logistics. Items must be zeroed out prior to the end of the incident (purchase – issue – return = 0). Zeroing out commissary inventory may require the IMT to return items to vendor prior to their release from the incident.

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INJURY - See chapter 4

State of Alaska Worker's Compensation adjuster is Harbor Adjustment Services

Any Alaska EFF (crew or non-crew) traveling to a medical facility for treatment of an injury or illness will have someone accompany them to the facility and remain with them until their return to camp/duty station. The local Area dispatch office should be notified when some one is brought in to a medical facility.

Injury – Time ends at the time of arrival at the medical facility or 8 hours to meet guarantee for EFF (whichever is greater). Time spent receiving care is non-compensable unless required to meet guaranteed hours. Any crew personnel unable to work on the line may be assigned to camp duty not to exceed 3 days. Camp time must be noted as such and they will be paid their guaranteed 8 hours. We ask that you keep an injury log.

Hospital:

Local hospital is: _____ and is located: _____

Fire Departments:

Insta-care – See medical plan.

Pharmacy – Pharmacy charges will be billed to the State of Alaska local office. Because the pharmacy charges may or may not be covered under worker's compensation, the medication will be charged to the employee's commissary, and they may seek reimbursement through their worker's compensation carrier upon return to their home unit. See medical sheet

Vision – Eye injuries received on the job will be treated like any other worker's compensation claim. Eye care not related to an injury (replacing broken glasses, etc.) will be direct billed to the State of Alaska and charged back to the employee via commissary deduction. Compensation may be sought by the employee through the workers compensation carrier. See medical sheet

Dental – Charges for dental services will be billed directly to the State of Alaska local Forestry office. Because dental charges are frequently NOT approved by worker's compensation, all dental charges will be charged to the employee's commissary and they may seek reimbursement through their worker's compensation carrier. See medical sheet.

All State employees use state forms the Injury and Illness Report-02-921* to report their injuries and illnesses. Please see the AIBMH for when to use the Supervisors Accident Investigation Report-02-932. **The State of Alaska does not have any type of Agency-provided Medical Care (APMC) available.**

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All Federal employees use federal forms.

Most incidents will order an EMT with EMT/Medical kit to provide incidental medical care. EMT's dispatched with the kit are not always qualified Medical Unit Leaders (they are hired as EFF/AD), and should not be expected to fill this role unless they were ordered as MEDL. The EMT Kit is hired under the provisions of an Emergency Equipment Rental Agreement. Shift tickets, equipment invoice, and an equipment pre/post inspection are required. Please refer to the Emergency Equipment Rental condition of Hire for guidance.

See AIBMH Chapter 4 Compensation for Injury for more details.

CLAIMS – See chapter 10

Claims Log

State - Property Loss or Damage Report

Federal form - OF-289 Property Loss or Damage

Supervisor's Accident Investigation Report (02-932)

Claims may be adjudicated on the incident.

A Claims Log is provided and form examples are attached.

Following is a list of types of claims and the documentation required for State of Alaska

Contractor - State of Alaska Property Loss/Damage Report For Employees and Contractors Claims Reporting

Government property

State of Alaska Property (on fire incident) –

- State Form 02-627 Lost–Stolen–Damage Property Review AND
- State of Alaska Supervisor's Accident Investigation Form (02-932).
- If auto accident with State vehicle, also fill out Liability Accident Notice 02-919

Federal Property – appropriate federal form (per IIBMH) filed through home unit with copies to final fire package and administrative office.

Personal property (State of Alaska employees including State EFF) –

- State of Alaska Property Loss/Damage Report For Employees and Contractors Claims Reporting AND
- State of Alaska Supervisor's Accident Investigation Form (02-932)

Third party – State of Alaska, Division of Forestry, Property Loss/Damage Report For Employees and Contractors Claims Reporting

All originals of State forms are to be turned in to the administering office immediately.

At no time should an employee instigate the filing of a claim or comment on the likelihood of the outcome of a claim. No employee in the field or at the area level has the authority to approve or deny a claim. Refer to chapter 10.

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MEALS / LODGING – See chapter 8

Lodging

Lodging (when approved by administering office), should be charged to State of Alaska. Payment will be made **ONLY** for lodging. All other charges (phone calls, room service, meals charged to rooms, cost of a safe, etc.) are the responsibility of the individual. Work with the Area logistics office prior to setting up any lodging. Lodging vendors fill out pre-season agreements, and these are maintained at the Area logistics office.

Meals policy

Three methods exist for providing meals on the road system:

Caterer - per National contract. An example of a meal billing is attached to use in determining the method to use that is in the best interest of the State of Alaska.

Direct Bill - Arranged by Area office utilizing pre-season agreement. Using this method, billings should be done charging a **fixed cost** per meal (versus an item by item charge). As example: 75 dinners @ \$15 per dinner = \$1125. The State does not pay for alcoholic beverages, tax or gratuity. The maximum amount the State will pay per meal is: \$8 for breakfast \$9 for lunch \$19 for dinner. Coordinate with our Area office.

Meal Coupons – For smaller numbers of people the State provides meal coupons (maximum amounts shown above) accepted at specific eating establishments. One coupon per meal per person is provided and there is no change given. Meal coupons are to be used for the purchase of food and non-alcoholic beverages **ONLY**. The State does not pay for alcoholic beverages, tax or gratuity and maximum allowances are as follows: Breakfast \$8, lunch \$9 and dinner \$19.

Procurement – See chapter 6 & 14

The State of Alaska does not use BPAs. Normal state practice is not to use petty cash (imprest) in the field, but there may be exceptions. Those will be handled on an individual basis through the Area office. The State of Alaska uses subsistence whenever possible in suppression situations. The Area Forester determines whether subsistence or per diem will be used.

Should the need arise to procure items locally, contact the local Area office **BEFORE** you do this. We have already established accounts with many of the local vendors, and most purchases can be handled simply by providing names and signatures to be added to the list of authorized purchasers. It is imperative that you **DO NOT** charge items on your credit card. Original receipts with a copy of the resource order should be provided to the local administrative office within 24 hours after purchase (copy of invoice kept in final fire package) so that processing can begin. All charges/purchases require a resource order.

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Purchasing authority – do you have the authority to sign agreements, procure commodities, etc.? If not, please notify the area office at once and make arrangements to get someone with purchasing authority resource ordered.

FEDERAL CREDIT CARDS – DO NOT USE federal credit cards to pay vendors or purchase products. All invoices, equipment use charges, etc. should be billed to the local office. This allows the State to audit all billings prior to payment.

Equipment Hire – See chapter 6 & 12

Structure fire department equipment rental is found in chapter 12. All other equipment rental info is found in chapter 6. Especially note the “Liability Insurance” section on page 4 of chapter 6.

An Equipment Log has been provided.

Equipment hire in the area is generally limited to local equipment. Pre-use and post-use inspections are **required**. State of Alaska does **not** follow federal equipment policies and procedures.

If you are on a road-system fire, and hire local equipment for transport of heavy equipment (tractor-trailer) or transport of personnel (bus) you must ensure that all CDL (Commercial Drivers License) requirements, including applicable endorsements, are met.

It is recommended heavy equipment and boats are rented with operator and with contractor-supplied fuel and servicing. A current year rate guide is in the AIBMH. Remember, these are not to exceed amounts. Availability of equipment, condition of equipment, and equipment use may influence the rate you negotiate. At no time can 3-wheelers be hired.

All original documentation should be turned in to the local Area office for processing, with a copy retained in the final fire package

Equipment should be hired through the Area office as they have established preseason agreements on equipment.

Rental Vehicle

Mandatory Contract (STATE business ONLY)

Rental vehicles and State vehicles are for business use only and NOT to be used for personal/leisure pursuits. Examples of legitimate business use are: transportation to and from lodging and/or meals, participation in activities directly related to incident business. Examples of non-business related activities are: sightseeing, fishing, shopping, bowling, attending a movie, etc.

Rental cars – **BUDGET** is our contract award rental provider – please use them if at all possible. If they are not used, document why not in Equipment Log.

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Rental car contracts are awarded annually. Check with the Regional/Area office to as certain who the current vendors is.

Fuel slips – Most State and some Federal Excess vehicles have assigned credit cards to be used for fueling. These assigned credit cards have a vehicle number noted in the bottom left corner of the card that generally is the same as the vehicle plate number. For vehicles that do NOT have assigned cards and for general fueling purposes, general use fuels cards are used and are identifiable by the notation in the bottom left corner specifying – “vehicle - followed by - TDN##::.

When utilizing fuel cards be sure that you write the following on the fuel slips:

- the vehicle or TDN #/info noted in the bottom left corner (charges are eventually cross matched with the card used)
- printed name of individual using the card (in case there are questions)
- collocation code/ fire number the fuel is to be charged to

The machine printout of the receipt should CLEARLY and LEGIBLY show the date, gallons and cost.

Reference AIBMH Chapter 6 for further information.

CONDITIONS OF HIRE
FOR
EMERGENCY FIREFIGHTERS

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions at all times is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory. The U.S. Government requires a SSN for U.S. citizens or an ITIN for non-U.S. citizens. You will be ineligible for employment with the State if you fail to provide your SSN. The SSN is the primary reference for the gathering of earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The hiring agency alone has direct access to this information. SSN use is necessary because another individual may have a name identical to yours. Always provide **YOUR FULL LEGAL NAME** on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. Tribal or village/regional corporation ID card is not acceptable for travel purposes. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Office-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. The U.S. Government will provide you the opportunity to complete a W-5, Earned Income Credit Advance Payment Certificate (EIC). EIC reduces the amount of tax you will owe, if you are eligible.
11. When you sign your time report, you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
12. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the sign-up form) or Treasury check mailed to your address of record.
13. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes," or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
14. When you are hired for incident assignment, whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in-Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook, and the Emergency Firefighter Crew Management Guide.

15. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish your meals and lodging without cost. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when the Government is temporarily unable to furnish meals or lodging.
16. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged for cause, quit without a good reason, or deviate your travel.
17. The cost of anything you buy from the commissary will be deducted from your check. The Officer-in-Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45 pound weight limitation.
18. Designated Government property (such as hard hats, tools, sleeping bags, tents, nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost of them may be deducted from your check.
19. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
20. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
21. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
22. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobe, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine whether or not the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)

I have read, or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Blood-borne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read, or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

EFF'S PRINTED NAME

EFF'S SIGNATURE

SOCIAL SECURITY NUMBER

HIRING OFFICIAL'S PRINTED NAME

HIRING OFFICIAL'S SIGNATURE

DATE

STATE OF ALASKA

QUALIFICATION INQUIRY - FIREARM POSSESSION

The position for which you are being considered for appointment, PCN 10-, has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm in the course of your employment. Therefore, you are required to complete this Qualification Inquiry - Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered "not interested" in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and in the course of disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C. , Sec. 921(a)(33)(A)?

Yes_____ No_____

Today's Date:_____

If your answer to this question is "No" you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

Qualification Inquiry - Firearm Possession

2. If your answer to question number 1 is "Yes", provide the following information with respect to the conviction(s):

Court/Jurisdiction

Docket/Case Number

Statute

Charge

Date Sentenced

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I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, and under Alaska State law as unsworn falsification (AS 11.56.210). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such a report is grounds for disciplinary action, up to and including dismissal.

Name (Print or type)

Signature

Date